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| **INDIVIDUAL RELOCATION CASE REPORT**  Revised 10/2016 | | | | | | | | | | ID NO This Case  (from relocation plan) | | | | | Parcel No  Unit No | | | \_\_\_\_\_\_ |
| Please submit this report within 30 days after displacement and payment of relocation claims for each displaced person.  Is this the final case report for this project?  YES  NO | | | | Relocation Office, Division of Energy, Housing and Community Resources  Dept. of Administration  PO Box 7970  Madison, WI 53707-7970 | | | | | | Federal Relocation  Yes  Law Applies  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Person Moved In (on site) | | | | Date Replacement Inspected  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Negotiations Began | | | | |
| Date Prepared | | Prepared By | | | | | | Phone | | Date Person Moved Out | | | | Date Property Acquired | | | | |
|  | |  | | | | | |  | |  | | | |  | | | | |
| Acquiring Agency | | | | | Project Name | | | | | This unit was shown as occupied in the relocation plan but was vacant  prior to initiation of negotiation to acquire.  A relocation plan was submitted for this unit but no actual displacement occurred. | | | | | | | | |
| Name of Displaced Person | | | | | | | | Phone | | This unit was vacant at the time of plan approval but was occupied prior  to acquisition. | | | | | | | | |
| Address (acquired) City State Zip | | | | | | | | | | Person Moved to: | | | |  | | | | |
| Address (replacement) City State Zip | | | | | | | | | | Residential  D.S.S. Housing | | | | Non-Residential  Adequate Replacement | | | | |
| Displaced Person Is:  Residential Owner  Business Owner  Non-Profit  Residential Tenant  Business Tenant  Farm Owner  Mobile Home Occupant  Non-Profit Owner  Farm Tenant | | | | | | | | | | Comparable Housing  Non-D.S.S. Housing  Publicly Assisted Housing | | | | Comparable Replacement  Non-Code Compliant Repl.  Discontinued Operation | | | | |
| **RESIDENTIAL** | | | | | | | | | **BUSINESS, FARM or NON-PROFIT** | | | | | | | | | |
| Family  Individual | | | | | Family Size \_\_\_\_/\_\_\_\_  (adults/children) | | | | Name of Business/Farm/Non-Profit | | | | | | | No. of Employees | | |
| Head of Household is:  Female  White  Male  Non-White  Elderly (over 65) | | | | | Gross  Income/Yr. $ | | | | Type of Operation | | | | | | | Annual Net Income  $ | | |
|  | | | | | Source(s) of Income  Wages/Salary  Pension  Social Security  Interest  Public Assistance  Other | | | | Type of Interest Acquired  LAND and BUSINESS  OTHER (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BUSINESS ONLY  LEASEHOLD IMPROV. | | | | | | | | | |
|  | ACQUIRED UNIT | | SELECTED COMPARABLE | | | ACTUAL  REPLACEMENT | | |  | | | ACQUIRED UNIT | SELECTED COMPARABLE | | | | ACTUAL REPLACEMENT | |
| TYPE UNIT (single fam., duplex,  multi-fam., etc.) |  | |  | | |  | | | TYPE OF BUILDING  (office, free standing, mixed use, etc.) | | |  |  | | | |  | |
| NUMBER OF ROOMS/  BEDROOMS |  | |  | | |  | | | LAND AREA | | |  |  | | | |  | |
| OVERALL SIZE (square footage) |  | |  | | |  | | | BUILDING  (square footage) | | |  |  | | | |  | |
| ACQUISITION PRICE |  | |  | | |  | | | ACQUISITION PRICE | | |  |  | | | |  | |
| MONTHLY RENT (with utilities) |  | |  | | |  | | | MONTHLY RENT  (with utilities) | | |  |  | | | |  | |
| CHECK IF CARVE OUT WAS DONE |  | |  | | |  | | | CHECK IF CARVE OUT WAS DONE | | |  |  | | | |  | |
|  | | |  | | | | | |  | | | |  | | | | | |
| RELOCATION PAYMENTS  Type of Payment (ie. move, rent differential, searching, etc.) | | | DATE | | | | | | AMOUNT | | | |  | | | | | |
|  | | | CLAIMED | | | | PAID | | CLAIMED | | PAID | |  | | | | | |
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| **Total** | | | | | | | | |  | |  | |  | | | | | |

**NOTE:** If a person has not filed or received payments, or was paid more or less than the person appears eligible for according to the data in this report, state the reasons on the reverse side.

**Explanation on relocation payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Other Information:**

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**Note:** An agency must keep a copy of this form in its Individual Relocation Case File for a minimum of 3 years following completion of a project or a final relocation payment, whichever is later. Adm 92.20(2)(o).