RELOCATION PAYMENTS SUMMARY RESIDENTIAL

ESIDENTIAL			Wisconsin Depar	tment of Transportation		
E1679R 02/2020			☐ Original	Revised		
Name		Name of Relocation Specialis	st			
Subject Address		Relocation Specialist Contac	Relocation Specialist Contact Information			
☐ Owner ☐ Tenant This summary ide	Final Acquisition Amount					
amounts are dete	ermined by the agency and	are based on actual, reasonable ar ses. Please contact your relocation	nd necessary e	expenses and		
Replacement Hou	using Payment (s. 32.19(4),	Wis. Stats. and Adm 92.68)				
To be eligible for this pa	ayment, you must:					
acquired property.		ne later of: (1) date you received payment from you received payment from WisDOT; or, (2) d		•		
The actual payment am occupants.	nounts are finalized once acquisition	is completed to identify the correct replacement	nt housing paymen	t amount for owner		
Owner to Owner	(Supplemental housing payment for	r an owner occupant)	\$			
Owner to Owner	\$ TBD)				
Owner to Tenan	be \$					
Tenant to Owne	\$					
Tenant to Tenan	^y \$					
Closing Costs are contact fees, surveys, prepoplication fees, incidental	, \$ TBE)				
Moving Expenses	s – Residential (s. 32.19(3), \	Wis. Stats. and Adm 92.50 - 92.54)				
Actual and reaso	\$					
OR			He He			
Amount from Fixe ixed Payment Sche	\$					
	Project ID	County	Parcel			

Incidental Expenses to Transfer of Property to State (s. 32.195, Wis. Stats.) Amounts to be determined upon acquisition and/or selection of replacement home.											
	Recording fees items	and similar		ignment of personal property ame site		Fencing Costs					
	Penalty cost for mortgage	prepayment of		nses incurred for unusable from subject property							
	Prorated share taxes	of property	_	sonable net rental loss tly attributable to project							
PA	PAYMENTS SUMMARY RECEIPT										
As received from the Wisconsin Department of Transportation's (WisDOT) Relocation Specialist, I/we understand that the payment summary amounts are an estimate and final payment amounts will be determined based on eligibility requirements; agency determination of costs as actual, reasonable, and necessary; and supporting documentation.											
			(\$	Signature)		(Date)					
			(\$	Signature)		(Date)					
	F	Project ID		County	P	arcel					