

RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER \_\_\_\_\_ STATUS AS OF \_\_\_\_\_

CASE NUMBER	ADDRESS	NAME OF OCCUPANT(S)	TENANT (OWNER)	DATE OF ELIGIBILITY	NOTICE ISSUED		NUMBER OF PEOPLE	(E) DISABLED	RACIAL/ETHNIC CLASSIFICATION**	REPRESENTATIVE COMPARABLE OFFERED...	NUMBER OF REFERRALS MADE	90-DAY NOTICE ISSUED	VACATE TO NOTICE ISSUED	DATE MOVED	MOVING EXPENSES		REPLACEMENT HOUSING PAYMENT	CASE CLOSED	REMARKS	
					TYPE*	DATE									(FIXED)	AMOUNT				
															\$	\$		<input checked="" type="checkbox"/>		

\* E - Notice of Eligibility for Relocation Assistance  
 N - Notice of Nonplacement  
 \*\* 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.