

<b>Site Occupant Record - Nonresidential</b>		Project Name: _____ Project #: _____ Relocation Case #: _____ Acquisition Parcel #: _____
LOCALITY/AGENCY _____		
Date of Initial Interview: _____ Interviewer: _____		
NAME UNDER WHICH BUSINESS TRADES/OPERATES:  ADDRESS _____  TELEPHONE NUMBER _____	NAME OF PRINCIPAL OFFICER: _____ HOME ADDRESS: _____ TELEPHONE #: _____	
IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO  DATE OCCUPANT FIRST OCCUPIED THIS LOCATION _____	DATE OF GENERAL INFORMATION NOTICE _____ EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____ DATE PRIVACY ACT STATEMENT EXECUTED _____ (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)	
<b>OCCUPANT CHARACTERISTICS</b>		
YEARS IN BUSINESS _____ YEARS AT THIS LOCATION _____  TENURE: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT OPERATION: <input type="checkbox"/> BUSINESS <input type="checkbox"/> NONPROFIT ORGAN. <input type="checkbox"/> FARM	TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NONPROFIT ORGANIZATION	RACIAL/ETHNIC CLASSIFICATION (CHECK ALL THAT APPLY) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE <input type="checkbox"/> ASIAN AND WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL
<b>CHARACTER OF BUSINESS OPERATION</b>  _____  (e.g., manufacturing, wholesale trade, retail trade, business service, personal service, institutional)	<b>RELOCATION PREFERENCES AND REQUIREMENTS</b> RELO PREFERENCES: <input type="checkbox"/> WILL MAKE OWN PLANS <input type="checkbox"/> NONE <input type="checkbox"/> RENT <input type="checkbox"/> PURCHASE <input type="checkbox"/> BUILD LOCATION CONSIDERATIONS _____  SPACE NEEDS _____ OTHER SPECIAL NEEDS _____ TYPE/SIZE OF BUILDING _____ MAXIMUM MONTHLY RENTAL \$ _____ MAXIMUM SALES PRICE \$ _____ BUSINESS WILL DISCONTINUE OPERATIONS (EXPLAIN) _____	
SPACE OCCUPIED (At displacement property) _____  SERVICES PROVIDED (if tenant) _____  MONTHLY RENTAL \$ _____		

REFERRALS TO REPLACEMENT LOCATIONS						
DATE	ADDRESS	RENTAL	SALES	RENTAL OR SALES PRICE	DESCRIPTION OF REFERRAL	ACTION ON REFERRAL (If refused, indicate reason)

<b>REPLACEMENT LOCATION</b>	
DATE AGENCY NOTIFIED OF INTENTION TO MOVE _____	
DATE AGENCY INSPECTED PREMISES _____	ADDRESS TO WHICH MOVED: _____
DATE MOVE BEGAN _____	DATE MOVE COMPLETED _____
TENURE AT REPLACEMENT LOCATION:	
<input type="checkbox"/> OWNED	SALES PRICE \$ _____
<input type="checkbox"/> RENTED	MONTHLY RENTAL \$ _____
CENSUS TRACT _____ TELEPHONE _____	
DESCRIPTION OF REPLACEMENT LOCATION: _____	
_____	

<b>REPLACEMENT PAYMENT</b>			<b>TEMPORARY MOVE REASON</b> _____	
	AMOUNT	DATE CLAIM FILED	DATE CLAIM PAID	DATE _____ ADDRESS _____
<input type="checkbox"/> ACTUAL MOVING EXPENSES	\$ _____	_____	_____	_____
<input type="checkbox"/> REESTABLISHMENT EXPENSES	\$ _____	_____	_____	DATE OF MOVE FROM TEMPORARY LOCATION TO PERMANENT LOCATION _____
<input type="checkbox"/> FIXED PAYMENT	\$ _____	_____	_____	_____
(Include copy of claim form and related documentation in case file)				

APPEAL FILED:  YES  NO (If yes, include copy in case file)

REMARKS: