RL-11

RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER _____ STATUS AS OF _____

CASE NUMBER	ADDRESS	NAME OF OCCUPANT(S)	(T)ENANT (O)WNER	DATE OF ELIGIBILITY	NOTICE ISSUED		NUMBER OF PEOPLE	(E)LDERLY (D)ISABLED	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			
																$	$		

* 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.