**Relocation Monitor Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Federal Project No.:** | | | |  | | | | | | | **Job No.:** | | | | |  | | | | | | | **Parcel:** | | |  |
| **District:** | |  | | | | **County:** | | |  | | | | | | | | | **City:** | | |  | | | | | |
| **Acquiring Agency:** | | | | | **MoDOT** | | |  | | | | | | | **LPA Name:** | | | | |  | | | | | | |
| **Route:** |  | | | | | | | | | | | **Agent:** | | | | | | |  | | | | | | | |
| **Displacement:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Relocatee Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **180 Day Owner** | | |  | | | | | | | | | | **Tenant** | | | |  | | | | | **90 Day Owner** | | | | |
| **Type of Property Involved:** | | | | | | | | **Improved** | | | | | | **Unimproved** | | | | | | | | | | **Residential** | | |
| **Commercial** | | | | | | | **Industrial** | | | | | | **Agricultural** | | | | | | | | | | **Other** | | |
| **Subject Property Date Occupied:** | | | |  | | | | | | | | | | **Replacement Property Date Occupied:** | | | | | | | | |  | | | |
| **Initiation of Negotiations Date(fee):** | | | | | | |  | | | | | | | **Acquisition Date:** | | | | | | | | |  | | | |
| **Acquired by Condemnation?** | | | | | | | | | |  | | | | | | | | | | | | |
| **Acquisition Amount (if owner):** | | | | | | | | **$** | | | | | | | | | | | | **Carve Out:** | | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | **Needs Questionnaire: Brochure Delivered, Benefits Explained, Advisory Service Offered** | | | | | | | | | | **Date:** | | |  | | | |
| **2.** | | **Carve out on Subject Property Established** | | | | | | | | | |  | | | | | | |
| **3.** | | **Comparison Record Property Filled Out** | | | | | | | | | |  | | | | | | |
| **4.** | | **Last Resort Payment Approval Received** | | | | | | | | | |  | | | | | | |
| **5.** | | **Adjustment from Asking Price Documented (if RHP)** | | | | | | | | | |  | | | | | | |
| **6.** | | **Owner RHP and Basis of Offer Provided in Writing** | | | | | | | | | |  | | | | | | |
| **7.** | | **Notice of Eligibility to Tenant Within 10 Days** | | | | | | | | | |  | | | **Date:** | | |  |
| **8.** | | **Notice of Eligibility to Business in Required Time** | | | | | | | | | |  | | | | | | |
| **9.** | | **Rental Subsidy Offer Made Within 30 Days** | | | | | | | | | | **Yes** | | | | | **No\*** | |
| \*(but every effort was made to do so, and still occurred before initiations with fee owner) | | | | | | | | | | | | | | | | | | |
| **Amount** | | | | **$** | | | | **Date:** | |  | | | | | | | | |
| **10.** | | **Tenant Income & Utilities Considered in Computing Payment** | | | | | | | | | | | | | |  | | |
| **11.** | | **Residential Fixed** | | | **Date Paid:** | |  | | | | | **Amount** | | | **$** | | | |
| **A.** | | Number of Rooms Paid for Matches Questionnaire | | | | | | | | | |  | | | | | |
| **B.** | | Additional Rooms Credited Adequately Explained | | | | | | | | | |  | | | | | |
| **12.** | | **Residential Actual Cost or Self Move:** | | | | **Date Paid:** | | |  | | | | | **Amount** | | **$** | | |
| **A.** | | Bids Used | | | | | | | |  | | | | | | | |
| **B.** | | Payment Does Not Exceed Low Bid | | | | | | | |  | | | | | | | |
| **C.** | | Proper Agreement Signed | | | | | | | |  | | | | | | | |
| **D.** | | Claim Form Support Documents Present | | | | | | | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13.** | | **Non Residential Fixed** | | | | | | | | | **Date Paid** | | | |  | | | | | | | | | **Amount** | | | | **$** | | | |
| **A.** | | | Income Verification Present | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **B.** | | | Justification Present if Fixed Payment Denied | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **14.** | | **Non Residential Actual Cost** | | | | | | | | | | | **Date Paid** | | | | | | |  | | | | | | | **Amount** | | | **$** | | | |
| **A.** | | | | Advance Notice of Move Provided | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **B.** | | | | Inventory Provided | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **C.** | | | | Personal Property Inspected | | | | | | | | | | |
| Subject | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Replacement | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **D.** | | | | Moving Costs Adequately Supported | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **E.** | | | | Reestablishment Payment Supported | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **F.** | | | | Search Costs Explained and Supported | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **G.** | | | | Incidental Costs Supported | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **15.** | | **90/30 Day Notice Issued** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Date Issued | | | | | |  | | | | | | | | **Comments:** | | | | | |  | | | | | | | | | | | | |
| Required Vacate Date | | | | | |  | | | | | | | |
| 30-Day Notice Sent | | | | | |  | | | | | | | | **Comments:** | | | | | |  | | | | | | | | | | | |
| **16.** | | **DS&S Report Completed Prior to Payment:** | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | |
| **17.** | | **Type of Payment** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Date Paid** | | | | |  | | | | | | | | | | | | **Amount** | | | | | | **$** | | | | | | | |
| **18.** | | **Incidental Cost Reimbursed and Documented** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **19.** | | **Increased Interest Paid and Documented** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **20.** | | **Housing Payment Documentation Adequate** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **21.** | | **Relocatee Notified in Writing of Claim Rejection** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Date** | | | | |  | | | | | | | | |
| **22.** | | **Claim Appealed** | | | | **Date:** | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |
| **23.** | | **Appeal Decision Date** | | | | | | | | **Date:** | | | |  | | | | | | | | | | | |
| **24.** | | **Relocatee Notified in Writing of Decision** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Date** | | | | |  | | | | | | | | |
| **25.** | | **Relocation Agent’s Report Adequate** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |

**General Remarks and Comments:**

**Tenant’s Old Address:**

**Tenants New Address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Monitored by:** |  | **Date:** |  |