

Chapter 14 Acquisition Exhibits

The following exhibits are intended for reference purposes. Some of the exhibits have been reduced in size in order to include them in this manual.

[Exhibit 14.01 Intent to Acquire Letter](#)
[Exhibit 14.02 90-Day Notice to Vacate](#)
[Exhibit 14.03 30-Day Notice to Vacate](#)
[Exhibit 14.04 Residential Inventory Sheet](#)
[Exhibit 14.05 Commercial & Self Bids](#)
[Exhibit 14.06 Move Expense Summary](#)
[Exhibit 14.07 Fixed Payment In Lieu Letter](#)
[Exhibit 14.08 Decent, Safe and Sanitary Inspection Report](#)
[Exhibit 14.09 Scheduled Self-Move Letter](#)
[Exhibit 14.10 Rental Assistance Determination - 180+ Day Owner/Occupant](#) **-DO NOT USE**
[Exhibit 14.11 Price Differential Determination](#)
[Exhibit 14.12 Increased Mortgage Interest Cost Estimate Worksheet Letter](#)
[Exhibit 14.13 Increased Mortgage Interest Cost Final Letter](#)
[Exhibit 14.14 A Rental Assistance Determination Tenant](#)
[Exhibit 14.14.B Rental Assistance 90 Day Determination](#)
[Exhibit 14.15 Last Resort Approval Memo](#)
[Exhibit 14.16 Owner Tenant Relocation Survey](#)
[Exhibit 14.17 Rental Assistance Determination - 180 Day Owner/Occupant - Mobile Home Only](#)
[Exhibit 14.18 Rental Assistance Determination - Mobile Home Space Only](#)
[Exhibit 14.19 Comparable Housing Determination form & Relocation Comparison Sheet](#)
[Exhibit 14.20 Claim Forms](#)
[Exhibit 14.21 Comparable Housing Determination Form](#)
[Exhibit 14.22 Vacate Notice](#)
[Exhibit 14.23 Certificate of Legal Residency](#)
[Exhibit 14.24 Relocation Finalization Format](#)

To Return to the R/W Manual Table of Contents ~ [Click Here](#)

To Return to the Acquisition Manual ~ [Click Here](#)



Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

RE: Project:
Highway:
Section:
Parcel:

:

In the near future, the Arizona Department of Transportation intends to present an offer to purchase the property located at _____, in _____, Arizona as requested by the owner addressed herein due to a hardship. This property is required for the above referenced project.

You are being notified of the pending acquisition at this time to make you aware of the availability of relocation assistance. Relocation eligibility requirements and information regarding entitlements are outlined in the enclosed Relocation Assistance Program Brochure. To assure all of your rights and entitlements have been addressed an appeal process is available, if necessary.

You are not being asked to move from the property at this time. _____ will be advised of the need to vacate at a later date. As stated in the brochure, any eligible displacee is entitled to a minimum notice to vacate of (90) days. This notice will not be issued until after you have received information regarding your relocation entitlements.

IMPORTANT

To avoid loss of possible entitlements, **DO NOT** commit yourself to purchase a replacement property or move any personal property without first contacting our office.

Property Owner Name

Date

Page 2

In the near future, you will be contacted by an agent regarding the acquisition of the subject property who will also explain the Relocation Assistance Program, including assistance in the moving process.

Sincerely,

, Right of Way Agent
Right of Way Group

Enclosure(s)

To Return to This Section Exhibits ~ [Click Here](#)



HAND DELIVERED

RE: Project:
 Highway:
 Section:
 Parcel:

Dear :

The Arizona Department of Transportation (ADOT) began negotiations on for the acquisition of the property you occupy at , , Arizona.

Because this property is being acquired for the above-cited project, we are required to provide all eligible displaces this ninety (90) day notice. The purpose of this ninety (90) day period is to allow occupants sufficient time to locate a replacement property to purchase or rent. You will not be required to move from in Phoenix, Arizona earlier than (90) days from the date of this notice. We encourage you to take advantage of this period to locate the best available replacement property.

In addition to this notice, we will provide you a subsequent thirty (30) day notice to vacate that will specify the date on which the department will require you to move from the property. **This notice will not cut short the original ninety (90) day period and it will not be provided until the State has acquired possession of the above referenced property.**

Once the State has obtained legal possession of this property, you will, as an occupant of property owned by the State, be required to pay rent in accordance with the terms and conditions of the Extended Occupancy Agreement. Rent will continue until the property has been vacated. Failure to sign this agreement does not release you from the responsibility to pay rent.

Date
Parcel #
Page 2 of 2

IMPORTANT

You must also notify our office when you move. Computations for both rent and relocation benefits are based on your actual vacate date. If no notification is received to indicate otherwise, the property will be inspected at the end of the vacate notice period and our office will consider the date of inspection as the vacate date.

In most situations, the ninety (90) day period is sufficient time in which to locate a replacement property. Should additional time be required, please contact me as soon as possible. Extensions may be granted where special circumstances exist. Requests for extensions will be reviewed on a case by case basis.

I will be available to provide assistance during the relocation process. If you have any questions, please contact me at 205 South 17th Avenue, MD 612E, Phoenix, Arizona 85007, or call . You may also reach me at my email address: @azdot.gov.

Sincerely,

, Right of Way Agent
Right of Way Group

To Return to This Section Exhibits ~ [Click Here](#)



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

DATE:

INDICATE CERTIFIED MAIL # OR HAND DELIVERED

RE: Project:
Highway:
Section:
Parcel:

Dear _____ :

The Arizona Department of Transportation provided you with a 90-day notice to vacate the property located at _____, _____, Arizona on _____, along with your determination of your relocation entitlements. Our records indicate that you have not found a replacement dwelling. Please consider this notice your official 30-day notice to vacate the property on or before _____.

In order to claim relocation benefits you must either purchase or rent and occupy a replacement dwelling. If you have found a replacement dwelling please contact me as soon as possible to schedule an appointment to conduct a Decent, Safe and Sanitary (D.S. & S) Inspection. A copy of your current lease/settlement statement will need to be provided prior to the release of your Rental Assistance/Price Differential benefits.

This letter also serves as your official 30-day notice of lease termination as outlined in the rental agreement we have on file with ADOT Property Management. Should you wish to cancel your rental agreement on or before _____, 2015 please notify this office so we may inspect the premises.

Please notify me as soon as you know the date you will be vacating in order to schedule an appointment to conduct the Vacate Inspection and begin the process of issuing your entitlements.

If you have any questions, require assistance or need additional information, please contact me at 205 South 17th Avenue, MD 612E, Phoenix, Arizona 85007, or call 602-712-_____. You may also reach me at my email address: _____@azdot.gov. Thank you for your cooperation in this matter.

Sincerely,

_____, Right of Way Agent
Right of Way Group

Revised 1/22/15

ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17th Ave. | Phoenix, AZ 85007 | azdot.gov

To Return to This Section Exhibits ~ [Click Here](#)

Exhibit 14.04 – Residential Inventory Sheet (4 Pages)



RESIDENTIAL INVENTORY OF PERSONAL PROPERTY

Project: _____
 Highway: _____
 Section: _____
 Parcel: _____
 Right of Way Agent: _____

Date: _____

Displacee's Name: _____
 Displaced Address: _____
 City, State, Zip Code: _____

1. LIVING ROOM

2. Family Room:

3. Dining Room:

Portable Bar		Portable Bar		Bench	
Piano Bench		Piano Bench		Buffet	
Bookcase		Bookcase		Corner Cabinet	
Sectional Bookcases		Sectional Bookcases		China Cabinet	
Chair		Chair		Dining Chairs	
Occasional Chair		Occasional Chair		Server	
Large Oversize Chair		Large Oversize Chair		Dinning Table	
Rocking Chair		Rocking Chair		Tea Cart	
Straight Chair		Straight Chair			
Grandfather Clock		Grandfather Clock			
Small Desk		Small Desk		TOTAL DINNING ROOM	
Fireplace Equip		Fireplace Equip		ROOM COUNT	
Foot Stool		Foot Stool			
Floor/Pole Lamp		Floor/Pole Lamp			
Table Lamp		Table Lamp			
Magazine Rack		Magazine Rack		4. Bedroom #1:	
Entertain Center		Entertain Center		Day Bed	
Piano, (Size _____)		Piano, (Size _____)		Bed, (Size _____)	
Portable Record Player		Portable Record Player		Water Bed	
Large Rug		Large Rug		Bookcases	
Small Rug		Small Rug		Bureau Dresser	
Love Seat, 2 cushion		Love Seat, 2 cushion		Chest of Drawers	
Sofa, 3 Cushions		Sofa, 3 Cushions		Cedar Chest	
Sofa Sectional		Sofa Sectional		Rocking Chair	
Dropleaf Table		Dropleaf Table		Lounge Chair	
End or Coffee Table		End or Coffee Table		Small Desk	
Wall Mounted TV		Wall Mounted TV		Dresser/Vnty. Bench	
Large TV, 42" or greater		Large TV, 42" or greater		Double Dresser	
Small TV, 36" or smaller		Small TV, 36" or smaller		Night Stand	
Stereo Equip		Stereo Equip		Vanity Dresser	
Computer		Computer		Wardrobe/Armoire	
Computer Console		Computer Console		Lingerie Cabinet	
Potted Plants		Potted Plants			
Paintings/Mirrors		Paintings/Mirrors			
TOTAL LIVING ROOM #1		TOTAL FAMILY ROOM #2		TOTAL BEDROOM #1	
ROOM COUNT		ROOM COUNT		ROOM COUNT	



5. Bedroom #2:		6. Bedroom #3:		7. Bedroom #4:	
Day Bed		Day Bed		Day Bed	
Bed, (Size _____)		Bed, (Size _____)		Bed, (Size _____)	
Water Bed		Water Bed		Water Bed	
Bookcases		Bookcases		Bookcases	
Bureau Dresser		Bureau Dresser		Bureau Dresser	
Chest of Drawers		Chest of Drawers		Chest of Drawers	
Cedar Chest		Cedar Chest		Cedar Chest	
Rocking Chair		Rocking Chair		Rocking Chair	
Lounge Chair		Lounge Chair		Lounge Chair	
Small Desk		Small Desk		Small Desk	
Dresser/Vnty. Bench		Dresser/Vnty. Bench		Dresser/Vnty. Bench	
Double Dresser		Double Dresser		Double Dresser	
Night Stand		Night Stand		Night Stand	
Vanity Dresser		Vanity Dresser		Vanity Dresser	
Wardrobe/Armoire		Wardrobe/Armoire		Wardrobe/Armoire	
Lingerie Cabinet		Lingerie Cabinet		Lingerie Cabinet	
TOTAL SEC. 5:		TOTAL SEC. 6:		TOTAL SEC. 7:	
ROOM COUNT		ROOM COUNT		ROOM COUNT	

8. Nursery:		10. Kitchen:		11. Outdoor Furniture & Equipment:	
Bassinette		Chairs		Barbeque Grill	
Youth Bed		Table		Lawn Chairs	
Stroller		High Chair		Porch Chair	
Child Chair		Freezer		Clothesline	
High Chair		Cabinet/Pantry		Garden Hose/Tools	
Chest		Portable Microwave		Glider or Bench	
Toy Chest		Portable Dishwasher		Ladder	
Baby Crib		Refrigerator		Lawn Mower, Hand	
Child Table		Small Appliances		Lawn Mower, Power	
Playpen		Serving Cart		Lawn Mower, Riding	
		Stool		Leaf Sweeper	
TOTAL SEC. 8:		Utility Cabinet		Outdoor Slide	
ROOM COUNT		Water Dispenser		Outdoor Gym	
		Dishes, Pots, Pans		Outdoor Swing	
9. LAUNDRY ROOM:		Portable Storage		Picnic Bench	
Washing Machine				Picnic Table	
Dryer, Elec/Gas				Porch Swing	
Ironing Board				Lawn Swing	
Portable Cabinet				Rug, Lg./Sm	
Cloths Hamper				Table	
Table				Umbrella	
Hanging Rack				Wheel Barrow	
				Shed	
TOTAL SEC. 9:		TOTAL SEC. 10:		TOTAL SEC. 11:	
ROOM COUNT		ROOM COUNT		ROOM COUNT	



**Federal Register Part V 49CFR Part 24, Uniform Relocation Assistance and Real Property Acquisition Policies Act
Residential Moving Expense and Dislocation Allowance Payment Schedule**

1	2	3	4	5	6	7	8	Each Additional Room
\$700	800	900	1000	1100	1200	1300	1400	\$100.00

The first room count is designed at a higher dollar amount to cover miscellaneous moving cost (water, gas, cable hook ups, insurance, ect...)

The room count is based on an average size room with an average amount of belongings. Larger rooms or additional belongings or extremely heavy items may result in additional counts even for the same room.

Payments may be limited to \$100.00 if either applies: a) A person has minimal possessions and occupies a dormitory style room or b) A person's residential move is performed by an agency at no cost to the person.

The Calculation is as Follows:		OCCUPANY OWNS FURNITURE	
1st Room:	1		\$700.00
Additional Rooms	0		\$0.00
Total Self Move Award			\$700.00

		OCCUPANT DOES NOT OWN FURNITURE	
1st Room	1		\$395.00
Additional Rooms	0		\$0.00
Total Self Move Award			\$395.00

I/We certify that the foregoing is a true inventory of the personal property located at the above referenced address. I/We have elected to perform a self move and receive a self move payment. I/We understand that if the personal property is reduced prior to the move that the amount will be adjusted accordingly. This payment reflects the move of all personalty from this property for all occupants. This moving payment also includes a reasonable charge for disconnecting, dismantling, packing transporting unpacking, reassembling and reconnecting utility hookups at the replacement dwelling, and a reasonable charge for insurance to cover the move of your personal property. It will be your responsibility to schedule your move from the mover of your choice and to obtain the insurance directly from an insurance company. I/We understand and agree to hold the Arizona Department of Transportation and its Agents harmless and indemnify said Agency/Agents from all claims related to the actual move of the personal property. Owner acknowledges that in consideration for this payment, owner shall vacate the premises before the final move payment is made.

Displacee Name _____

Displacee signature _____

Date: _____

Inspected by:
Right of Way Agent _____

Date of Inspection: _____

Include Floor plan or sketch if available. Attach all inventory pictures to sheets.



**RIGHT OF WAY ACQUISITION SECTION
NON-RESIDENTIAL RELOCATIONS**

COMMERCIAL & SELF MOVE BID SPECIFICATIONS



Business Name: _____ Parcel: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Phone: _____

ADOT is requesting a firm (actual) moving cost bid to relocate Displacee Personalty from the property they now occupy to a replacement site located within a fifty (50) mile radius. **NOTE:** A copy of the certified itemized inventory of personal property must be attached to this form.

FIRM (ACTUAL) MOVING COST BID

PACKING MATERIAL

_____ BARREL, DISH PACK, DRUM, ETC.	\$ _____ each	\$ _____
_____ CARTONS: LESS THAN 3 CUBIC FEET	\$ _____ each	\$ _____
_____ 3 CUBIC FEET	\$ _____ each	\$ _____
_____ 4.5 CUBIC FEET	\$ _____ each	\$ _____
_____ 6 CUBIC FEET	\$ _____ each	\$ _____
_____ 6.5 CUBIC FEET	\$ _____ each	\$ _____
_____ WARDROBE CARTON	\$ _____ each	\$ _____
_____ MATTRESS CARTON	\$ _____ each	\$ _____
_____ CRATES	\$ _____ each	\$ _____

PACKING LABOR

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

UNPACKING LABOR

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

8/1/12

Parcel: _____

RE-SHELVE LABOR

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

CARTAGE

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

TRUCK RENTAL

_____ Truck (s) _____ hour (s) @ \$ _____ /per hour \$ _____

TOWING COSTS

_____ Vehicle (s) @ \$ _____ /per Vehicle \$ _____

DISASSEMBLE/ REASSEMBLE

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

DISCONNECT/RECONNECT

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

CRANE RENTAL

_____ Crane (s) _____ hour (s) @ \$ _____ /per hour \$ _____

FORK LIFT RENTAL

_____ Fork Lift (s) _____ hour (s) @ \$ _____ /per hour \$ _____

THIRD PARTY SERVICES (To be pre-approved by ADOT)

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

Parcel: _____

INSURANCE SERVICES

Replacement Value (To be pre-approved by ADOT)

\$ _____ Personalty value @ \$ _____ /per _____ \$ _____

OTHER SERVICES NOT CONSIDERED

_____ Man/men _____ hour (s) @ \$ _____ /per man hour \$ _____

Explanation of Services:

TOTAL: \$ _____

The above commercial moving bid is based on current established industry rates and determined to be actual and reasonable.

Moving Company

Prepared by

Date

To Return to This Section Exhibits ~ [Click Here](#)



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

DATE:

CERTIFIED MAIL OR HAND DELIVERED Certified Mail Receipt #

RE: Project:
Highway:
Section:
Parcel:

Dear _____:

An analysis of documentation provided for consideration of a Fixed Payment in lieu of moving and re-establishment expenses has been completed for _____. We have determined that your business is eligible to receive \$ _____, as outlined on the enclosed determination sheet.

By accepting the amount of reimbursement indicated, you accept total responsibility for all costs connected with your relocation. A claim form and a business reply envelope are enclosed for your convenience. Please sign the back of the claim form where indicated. If you are returning the form by mail, your signature must be notarized.

If you have any questions, please contact me at 205 South 17th Avenue, MD 612E, Phoenix, Arizona 85007, or call 602-712-_____.

Sincerely,

_____, Right of Way Agent
Right of Way Group

Enclosure(s)



DECENT, SAFE AND SANITARY INSPECTION REPORT

Name of Relocatee(s) _____
 Replacement Address _____ City _____ State _____ Zip Code _____
 Purchase price \$ _____ Monthly rental rate \$ _____

Type of Replacement		Room count and value of replacement	
Single Family <input type="checkbox"/>	Duplex <input type="checkbox"/>	Total No of Occupants _____	No. of Bedrooms _____
Apartment <input type="checkbox"/>	Room <input type="checkbox"/>	Total No Bedrooms Required _____	No. of Bathrooms _____
Mobile Home <input type="checkbox"/>	Other <input type="checkbox"/>		

GENERAL CONDITIONS	Yes	No	Has adequate water system	Yes	No	Heating / cooling system	Yes	No
Building is structurally sound	<input type="checkbox"/>	<input type="checkbox"/>	Unobstructed safe ingress and egress	<input type="checkbox"/>	<input type="checkbox"/>	Safe electrical system and lighting	<input type="checkbox"/>	<input type="checkbox"/>
Building is in good repair	<input type="checkbox"/>	<input type="checkbox"/>						

KITCHEN FEATURES	Yes	No	Hot and cold running water	Yes	No	Sink connected to sewer/septic	Yes	No
Refrig space with utility connect	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Range space with utility connect	<input type="checkbox"/>	<input type="checkbox"/>						

BATHROOM FEATURES	Yes	No	Properly ventilated	Yes	No	Tub or shower	Yes	No
Separate Bathroom Area	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom affords privacy	<input type="checkbox"/>	<input type="checkbox"/>
All fixtures in good working order	<input type="checkbox"/>	<input type="checkbox"/>						
Toilet connected to sewer/septic	<input type="checkbox"/>	<input type="checkbox"/>						

BEDROOM FEATURES	Yes	No	Comments:
Occupancy per bedroom meets local occupancy code	<input type="checkbox"/>	<input type="checkbox"/>	

DISPLACED PERSON WITH DISABILITY	Yes	No	Comments:
Free of any barriers which would preclude reasonable access	<input type="checkbox"/>	<input type="checkbox"/>	

DWELLING DOES NOT PASS INSPECTION: This dwelling was inspected and found NOT to be in compliance with the standards of decent, safe, and sanitary housing according to the rules and regulations of the Arizona Department of Transportation and Federal Regulations 49 CFR Part 24. The following deficiencies have been noted:

- 1) _____
- 2) _____
- 3) _____

Inspected by: _____ Date of Inspection: _____

DWELLING PASSES INSPECTION: I have inspected the dwelling at the address above. Based on the criteria set forth by the Arizona Department of Transportation and in Federal Regulations 49 CFR Part 24, the dwelling unit appears to conform to the standards for decent, safe, and sanitary housing. The sole purpose of the inspection is to determine if the displacee has met the minimum requirements in finding replacement property that qualifies for the Relocation Assistance or Price Differential as set forth in the Determination Letter.

Signature of Right of Way Agent _____ Approval / Date of Inspection: _____

Project: _____ Section: _____ Parcel: _____



DECENT, SAFE AND SANITARY INSPECTION REPORT

DISPLACEE DISCLAIMER STATEMENT

I/We, the undersigned Displacee(s), understand the criteria for decent, safe and sanitary conditions of replacement housing and certify to the best of my/our knowledge the above property complies therewith. I/We further certify the rental rate/purchase price as stated is the actual amount I/we am/are paying for replacement housing.

I/We further understand that the statements, findings, decisions, conclusions appearing in the foregoing are made solely for the purpose of determining my/our eligibility for payments for replacement housing and are not intended to be, nor do such constitute, warranties or guarantees by the State of Arizona, the Arizona Department of Transportation and the officers, agents and employees thereof, that the above dwelling is decent, safe and sanitary.

Signed: _____

Signed: _____

Date: _____

Date: _____

Project: _____

Section: _____

Parcel: _____

To Return to This Section Exhibits ~ [Click Here](#)



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

DATE:

INDICATE CERTIFIED MAIL # OR HAND DELIVERED

RE: Project:
Highway:
Section:
Parcel:

Dear _____:

The Arizona Department of Transportation in accordance with the Federal Regulations has determined you are eligible to receive a fixed residential moving payment to complete a self move in the amount of \$ _____.

The amount allowed as a fixed residential moving payment is based on a room count for the self-move of your personal property from the required right of way located at _____, in _____, Arizona, to a replacement property located within a 50-mile radius of the above referenced parcel. **This payment reflects the move of all personalty from this property for all occupants.**

This moving payment also includes a reasonable charge for utility hookups at the replacement dwelling, and a reasonable charge for insurance to cover the move of your personal property. It will be your responsibility to obtain the insurance directly from an insurance company of your choice prior to the scheduled moving date.

If you have any questions or need additional assistance, please contact me at 205 South 17th Avenue, Mail Drop 612E, Phoenix, Arizona 85007, or call 602-712-_____. You may also reach me at my email address: _____@azdot.gov.

Sincerely,

_____, Right of Way Agent
Right of Way Group

Revised 1/22/15

ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17th Ave. | Phoenix, AZ 85007 | azdot.gov

To Return to This Section Exhibits ~ [Click Here](#)



Date

INDICATE CERTIFIED MAIL # OR HAND DELIVERED

RE: Project:
Highway:
Section:
Parcel:

Dear :

The Arizona Department of Transportation has determined you are entitled to a moving cost payment for an approved commercial move of your personal property from the required right of way located at , in , Arizona, to a replacement property located within a fifty (50) mile radius of the above referenced parcel.

Our office has determined that the personal property which you own and list on your Certified Inventory List can be moved by a professional moving company for \$. If the items listed on your certified inventory differ from the items actually moved, the moving cost payment will be revised accordingly.

The determined amount for moving costs was based on the lower of two (2) bids provided by two (2) outside moving companies, in accordance with appropriate regulations. The selected bid was provided by , .

If your firm elects the self-move option, you will be paid \$. You must schedule your move with the company of your choice. It will be your responsibility to obtain all the services necessary to complete the move and to pay any costs that exceed the determined amount.

Please advise me of the scheduled move date and I will assist you in processing your claim for payment and if you have any questions, require assistance or need additional information, please contact me at 205 South 17th Avenue, MD 612E, Phoenix, Arizona 85007, or call 602-712- . You may also reach me at my email address: @azdot.gov. Thank you for your cooperation in this matter.

Sincerely,

, Right of Way Agent
Right of Way Group

Revised 6/17/14

PROJECT:
HIGHWAY:
SECTION:
PARCEL:

The owner(s) eligibility has been verified.

A thorough field search was conducted; local newspapers, active brokers and homes currently listed in the Phoenix M.L.S. were used. The subject property and selected functionally equivalent comparables are described on the attached property comparison sheet. The properties used are presently for rent, are deemed to be D.S.&S., and are as good or better than the subject property. The property located at _____, in _____, Arizona was chosen for computation because it will provide adequate funds for rental of any one of the properties provided. Additional properties are located at _____.

PAYMENT CALCULATION

Monthly Rent for Available Functionally Equivalent Comparable

Subject's Estimated Monthly Market Rent

Difference

Total Difference X 42

Maximum Rental Assistance Determination (Last Resort Yes No)

Recommended Monthly Rental Amount

Owner/occupants of 180 days or more are limited to a Rental Assistance Payment not to exceed \$5,250, unless Replacement Housing Payment Determination establishes Last Resort, in which case the Rental Assistance could also fall under Last Resort.

I have no direct or indirect, present or contemplated future personal interest in this property nor will I in any way benefit as a result of the acquisition of the property involved in this transaction.

APPROVED:

Date
Right of Way Agent

Date
Laura Gilbreath, Manager
Acquisition Section

cc:

8/1/12

To Return to This Section Exhibits ~ [Click Here](#)



Infrastructure Delivery and Operations

Douglas A. Ducey, Governor
John S. Halikowski, Director
Dallas Hammit, State Engineer
Steve Boschen, Division Director

Date:

CERTIFIED MAIL OR HAND DELIVERED

RE: Project:
Highway:
Section:
Parcel:

Dear:

The State of Arizona Department of Transportation has completed the comparable housing study for the dwelling you occupy at _____, in _____, Arizona. You are entitled to a Price Differential Payment in the amount up to \$ _____, which is based on the difference between the acquisition price and the cost of the most comparable property located at _____, _____, Arizona.

The term comparable property does not imply that the properties used as a basis for this study are exactly the same as your property. For our purposes, a comparable property is one that is functionally similar and adequate to accommodate the displacee, but not necessarily identical in every detail.

Please note, that if you purchase a replacement dwelling for less than \$ _____, the Price Differential entitlement will be reduced accordingly. Also, this determination will be recalculated if the State's written offer for the acquisition of your property is revised. If the cost for a replacement property exceeds \$ _____, you will be responsible for the difference.

In order to submit a claim for your eligible Price Differential Payment, you must purchase and occupy a decent, safe and sanitary replacement dwelling within one (1) year from your eligible claim date, which is established from the later date of: 1) the date the property is vacated; 2) the date you receive payment for your property; or 3) in the case of condemnation, the date payment for your property is deposited with the court. You will have eighteen (18) months from your established eligible claim date to submit claims for remaining eligible entitlements.

You are entitled to a minimum notice to vacate of ninety (90) days. The State will not require you to move before . You will also receive a second written notice at least thirty (30) days in advance of the specific date you must vacate your present dwelling.

Once the State has obtained possession of this property you will, as an occupant of property owned by the State, be required to pay rent in accordance with the terms and conditions of the signed Extended Occupancy Agreement. Rent will continue until the property has been vacated. Failure to sign this agreement does not release you from the responsibility to pay rent.

IMPORTANT

For questions regarding rents, please contact our Property Management Unit at (602) 712-7587.

Please contact me when you have located a replacement dwelling, or prior to your vacate date, to avoid loss of possible benefits.

I can be reached at 205 S. 17th Avenue, Mail Drop 612E, Phoenix, Arizona 85007, or call (602) 712- if you have further questions. You may also reach me at my email address: @azdot.gov. Thank you for your consideration.

Sincerely,

, Right of Way Agent
Right of Way Group

cc: Property Management

Revised 1/22/15

To Return to This Section Exhibits ~ [Click Here](#)

PRICE DIFFERENTIAL DETERMINATION

PROJECT:
HIGHWAY:
SECTION:
PARCEL:

The owner(s) eligibility has been verified.

A thorough field search was conducted using the Arizona Multiple Listing Service (MLS). The subject property and selected functionally equivalent comparables are described on the attached property comparison sheet. The properties used are presently for sale, are deemed to be D.S. & S., and are as good or better than the subject property. The property located at _____, in _____, Arizona was chosen for computation because it will provide adequate funds for acquisition of any one of the properties provided. Additional properties are located at _____ all located with in _____ miles of the subject property.

PAYMENT CALCULATION

Functionally Equivalent Comparable	\$
State's Offer of Just Compensation	\$
(Adjusted Offer of Just Compensation) (See Property Comparison Sheet)	\$ _____
Maximum Price Differential Determination (Last Resort <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$

I have no direct or indirect, present or contemplated future personal interest in this property nor will I in any way benefit as a result of the acquisition of the property involved in this transaction.

APPROVED:

Date
Right of Way Agent

Date
Laura Gilbreath, Manager
Acquisition Section

cc:

08/1/12

To Return to This Section Exhibits ~ [Click Here](#)

DATE:

CERTIFIED MAIL OR HAND DELIVERED Certified Mail Receipt #

RE: Project:
 Highway:
 Section:
 Parcel:

Dear :

We have prepared an estimate of the Increased Mortgage Interest Costs entitlement eligible to you through the relocation program. Since the interest rate on your current mortgage is higher than the current market rate, you are not entitled to consideration under this portion of the program.

However, you are eligible to receive reimbursement for debt service and incidental costs incurred in the purchase of a replacement home. We have estimated debt service (loan origination fee and discount points) reimbursement in the amount of \$. This estimate is based on costs you would have incurred if the mortgage on your current home had been refinanced.

In addition you are eligible to receive reimbursement for expenses incidental to the purchase of your replacement home. These amounts cannot be calculated until you have entered into an agreement for the purchase of your replacement and are not normally reimbursed to you until after the close of escrow for your new home. These figures can normally be estimated based on a good faith estimate on your upcoming purchase.

If you have any questions or need additional assistance, please contact me at 205 South 17th Avenue, Mail Drop 612E, Phoenix, Arizona 85007, or call 602-712- .

Sincerely,

 , Right of Way Agent
Right of Way Group

Revised 1/22/15



DATE:

INDICATE CERTIFIED MAIL # OR HAND DELIVERED

RE: Project:
Highway:
Section:
Parcel:

Dear _____:

The comparable housing study for the property you occupy at _____, in _____, Arizona has been completed by ADOT. You are entitled to a Rental Assistance Payment in the amount of \$ _____ when you have rented and occupied a decent, safe and sanitary replacement dwelling for at least \$ _____ a month, plus utilities. Your Rental Assistance Payment is based on the **difference** between the rent amount established for the dwelling you now occupy and the market rent of comparable housing for a forty-two (42) month period.

Our determination is based on a comparable rental property located at _____, in _____, Arizona, which rents for \$ _____ per month, plus utilities. The term comparable property does not imply that the property used as a basis for this study is exactly the same as the property you occupy. For our purposes, a comparable property is one that is functionally similar and adequate to accommodate the displacee, but not necessarily identical in every detail.

If you rent a dwelling for less than the required monthly rent, your Rental Assistance Payment will be reduced accordingly. If the monthly rent for a replacement dwelling exceeds \$ _____, you will be responsible for the difference.

In order to submit a claim for your eligible Rental Assistance Payment, you must rent and occupy a decent, safe and sanitary replacement dwelling within one (1) year from the date you vacate the property. You will have an additional six (6) months to submit claims for remaining eligible entitlements, for a total eligibility period of eighteen (18) months.

Displacee Name

Date

Page 2

You have the option of applying the Rental Assistance in the amount of \$ _____ as Down Payment Assistance toward the purchase of a replacement dwelling. The full amount of the entitlement must be applied toward the purchase price and/or toward eligible related incidental expenses incurred during the purchase. The State's contribution for cash down payment and/or incidental expenses cannot exceed \$ _____.

The Arizona Department of Transportation will provide you with a 90-day notice to vacate the property. In addition to this notice, we will provide you a subsequent thirty (30) day notice to vacate that will specify the date on which the department will require you to move from the property. **This notice will not cut short the original ninety (90) day period and it will not be provided until the State has acquired possession of the above referenced property.**

When you have located a replacement property, please contact me and I will perform the decent, safe and sanitary inspection, which is required prior to processing your claim for payment. Also, to avoid loss of eligible entitlements, please notify our office prior to your scheduled move date.

If you have any questions or need additional information, please contact me at 205 South 17th Avenue, Mail Drop 612E, Phoenix, Arizona 85007, or I can be reached at (602) 712-_____. You may also reach me at my email address: _____@azdot.gov.

Sincerely,

_____, Right of Way Agent
Right of Way Group

Revised 1/22/15

ARIZONA DEPARTMENT OF TRANSPORTATION
206 S. 17th Ave. | Phoenix, AZ 85007 | azdot.gov

To Return to This Section Exhibits ~ [Click Here](#)

RENTAL ASSISTANCE 90 DAY TENANTS/90

PROJECT:
HIGHWAY:
SECTION:
PARCEL:

The tenant's/owner's eligibility has been verified.

A thorough field search was conducted; local newspapers, active brokers and homes currently listed in the Phoenix M.L.S. were used. The subject property and selected functionally equivalent comparables are described on the attached property comparison sheet. The properties used are presently for rent, are deemed to be D.S.&S., and are as good or better than the subject property. The property located at _____, in _____, Arizona was chosen for computation because it will provide adequate funds for rental of any of the properties provided. Additional properties are located at _____.

PAYMENT CALCULATION

Monthly Rent for Available Comparable	
Estimated Monthly Utility Costs	_____
Sub-total	
Total for 42 Months	
Displacement Property Monthly Rent	
<input type="checkbox"/> Contract <input type="checkbox"/> Market	
Previous Monthly Utility Costs	_____
Sub-total	
Total for 42 Months	
DISPLACEE ABILITY TO PAY	
Gross Monthly Income-All Sources	
Times 30% of Gross Monthly Income	
Monthly Amount Available for Rent	
Total for 42 months	

Total Difference - 42 months

RENTAL ASSISTANCE/DOWN PAYMENT ASSISTANCE DETERMINATION
(LAST RESORT Yes No)

Recommended Monthly Rental Amount

I have no direct or indirect, present or contemplated future personal interest in this property nor will I in any way benefit as a result of the acquisition of the property involved in this transaction.

APPROVED:

Date
Right of Way Agent

Date
Laura Gilbreath, Manager
Acquisition Section

cc:

To Return to This Section Exhibits ~ [Click Here](#)



Thru: BRIAN ROCKWELL, ASSISTANT CHIEF RIGHT OF WAY AGENT

Thru: LAURA GILBREATH, MANAGER ACQUISITION SECTION

Thru: KAREN RASK, LIAISON ACQUISITION SECTION

Date:

From: _____, RIGHT OF WAY AGENT ACQUISITION SECTION

Subject: LAST RESORT HOUSING
 Project:
 Highway:
 Section:
 Parcel:

is/are eligible displacee/displacees from the property located at _____, _____, Arizona. The determination, as follows, exceeds the limits for Replacement Housing Payments as established by the Arizona Revised Statutes:

Price Differential/Rental Assistance

Estimated Increased Mortgage Interest Costs

Total Replacement Housing Payment

In order for the Department to provide comparable decent, safe and sanitary replacement housing, it will be necessary to apply the provisions of Last Resort Housing as authorized under A.R.S. 28-7152. Project bid is currently scheduled for

We therefore request authorization to proceed with the required assistance in accordance with the statutory provisions of Last Resort Housing.

 Laura Gilbreath, Manager
 Acquisition Section

 BRIAN ROCKWELL
 Assistant Chief Right or Way Agent

 DATE

RELOCATION SURVEY

Gross Monthly Income

Gross monthly income (before payroll deductions) received for a 12 month period from all sources (earned & unearned) including but not limited to all wages and salaries, overtime pay, commissions, fees, tips, gifts and bonuses, and other compensation. Fed.Reg. 49 CFR Part 24.2 (a)(14)

Table with 2 columns: Description of income source and Amount (Past 12 Months). Rows include Current Employment / Wages & Salaries, Previous Employment, Child Support, Alimony, Unemployment, Social Security, Workers Compensation, Gross Income from Business, Rental Income, Interest, Dividends, Annuities, Royalties, Severance Pay, Retirement / Pensions, Financial assistance, Gifts, and Other Income. Total Gross Monthly Income is \$0.00.

Verification of income is required for calculation of your replacement housing payment. Please provide the following is a list of acceptable documentation in a timely manner. This personal information is confidential and is used for internal purposes only.

- Current Paystubs for all jobs cover 30 days with year to date income for past 12 months.
Signed tax returns for the past 12/24 months.
Bank Statements for the past 12 months (All Pages).
School Registration reflecting your number of credit hours per semester:
Copy of any financial aid, grants, tuition waived, scholarships, & stipends for past 12 months
Copy of current lease agreement and/or 3 months (90 days) of receipts.
Copy of utility bills for one month.
Other:
Other:

I, the undersigned, do hereby solemnly swear, covenant and agree that all the information contained herein and above, as well as the information provided on the questionnaire and documentation is true and correct to the best of my knowledge:

Person Interviewed (displacee) Signature: _____ Date: _____
Interviewer (Agent) Signature: _____ Date: _____

Revised 8/16/2011

To Return to This Section Exhibits ~ Click Here

RENTAL ASSISTANCE DETERMINATION - 180 DAY OWNER/OCCUPANT - MOBILE HOME ONLY

PROJECT:
HIGHWAY:
SECTION:
PARCEL:

The owner(s) eligibility has been verified.

A thorough field search was conducted; local newspapers, active brokers and homes currently listed in the Phoenix M.L.S. were used. The subject property and selected functionally equivalent comparables are described on the attached property comparison sheet. The properties used are presently for rent, are deemed to be D.S.&S., and are as good or better than the subject property. The property located at _____, in _____, Arizona was chosen for computation because it will provide adequate funds for rental of any of the properties provided. Additional properties are located at _____.

PAYMENT CALCULATION

Monthly Rent for Available Functionally Equivalent Comparable - Dwelling Only

Subject's Estimated Monthly Market Rent - Dwelling Only

Difference

Total Difference X 42

Maximum Rental Assistance Determination (Last Resort Yes No)

Combined Monthly Rental amount for Dwelling and Space to obtain maximum benefits of \$ _____ and \$ _____

Owner/occupants of 180 days or more are limited to a Rental Assistance Payment not to exceed \$5,250, unless Replacement Housing Payment Determination establishes Last Resort, in which case the Rental Assistance could also fall under Last Resort.

I have no direct or indirect, present or contemplated future personal interest in this property nor will I in any way benefit as a result of the acquisition of the property involved in this transaction.

APPROVED:

Date
Right of Way Agent

Date
Laura Gilbreath, Manager
Acquisition Section

cc:

To Return to This Section Exhibits ~ [Click Here](#)

RENTAL ASSISTANCE DETERMINATION -MOBILE HOME SPACE ONLY

PROJECT:
HIGHWAY:
SECTION:
PARCEL:

The owner(s) eligibility has been verified.

A thorough field search was conducted. The comparable Mobile Home Spaces used are presently for rent and are located at

PAYMENT CALCULATION

Monthly Lot Space Rent for Available Functionally Equivalent Space

Subject's Previous Monthly Lot Space Rent

Difference

Total Difference X 42

Maximum Lot Space Rental Assistance Determination
(Last Resort Yes No)

I have no direct or indirect, present or contemplated future personal interest in this property nor will I in any way benefit as a result of the acquisition of the property involved in this transaction.

APPROVED:

Date
Right of Way Agent

Date
Laura Gilbreath, Manager
Acquisition Section

cc:

To Return to This Section Exhibits ~ [Click Here](#)

Exhibit 14.19 – Comparable Housing Determination form & Relocation Property Comparison sheet (2 Pages)

COMPARABLE HOUSING DETERMINATION FORM

Name: _____
 Address: _____

Project: _____
 Section: _____
 Parcel: _____

	Subject	Comp #1	Comp #2	Comp #3
Property Address				
Market Value/List Price				
Lot Size				
Construction Type				
Age/Condition				
Stories/Style				
Sq. ft. living space				
No. of rooms				
No. of baths				
No. of bedrooms				
Living Room				
Dining Room				
Den/Family Room				
Patio/Balcony				
Fireplace				
Parking				
Heat/Air Conditioning				
Fencing				
Pool				
State's Appraised Value				
Relocation Adjustment for AZ Room (-)				
Relocation Adjustment for 1 or 2 sheds (-)				
Relocation Adjustment for Fencing				\$0.00
State's Relocation Adjusted Value/Offer		\$0.00	\$0.00	\$0.00
Comparable(s) Market/List Price(s)				
State's Relocation Adjusted Value				
Price Differential Determination		\$0.00	\$0.00	\$0.00
Required Purchase Amount		\$0.00	\$0.00	
Determination Prepared By:			Date:	

RELOCATION SECTION
PROPERTY EVALUATION COMPARISON SHEET

Project: _____
Highway: _____
Section: _____
Parcel: _____

SUBJECT PROPERTY:

Address: _____
City: _____, AZ

Apt. #: _____
Lot# _____

COMPARABLE # 1:

Address: _____
City: _____, AZ

Apt. #: _____
Lot # _____

COMPARABLE # 2:

Address: _____
City: _____, AZ

Apt. #: _____
Lot # _____

COMPARABLE # 3:

Address: _____
City: _____, AZ

Apt. #: _____
Lot # _____

To Return to This Section Exhibits ~ [Click Here](#)

DISPLACEE(S) STATEMENT

Parcel: _____

I/We, as (an) eligible displacee(s). Do hereby request of the Arizona Department of Transportation, payment of entitlement(s) as stated above.

I/We, acknowledge that all provisions regarding the type and manner of payment(s) have been fully explained. I/We also understand in order to receive any compensation for benefits. I/we do certify that I/we are lawfully present in the United States. I/We have fulfilled all conditions required of me/us in order to be eligible for payment(s). I/We have not submitted any other claim for, or received payment of any compensation for benefit(s) claimed herein.

I/We request that payment No(s) _____ be assigned to _____ for the purpose of _____

Displacee Signature: _____ Date: _____
or Authorized Party

Displacee Signature: _____ Date: _____
or Authorized Party

Displacee(s) Signature(s) Verified By: _____ Date: _____
Right of Way Agent or Notary Public

[Empty box for Right of Way Agent or Notary Public signature]

RIGHT OF WAY CERTIFICATION:

I hereby certify that I have examined the substantiating documentation and the information contained herein, and have found this claim for payment to be true and correct to the best of my knowledge. I also certify that all supporting documentation, and determination of entitlements are located in the relocation displacee file. I further certify that I have no direct or indirect, present or contemplated future personal interest in the payment of this claim, nor will I benefit in any manner from the consummation of this matter.

By: _____ Date: _____
Right of Way Agents Name & Agency

Right of Way Agent Comments:

APPROVALS:

Reviewer: _____ Date: _____
Signature
ADOT Reviewer: _____ Date: _____ \$ _____ \$0.00
Signature Amount

Reviewer's Comments:
[Empty box for Reviewer's Comments]

To Return to This Section Exhibits ~ [Click Here](#)

Exhibit 14.21-Comparable Housing Determination Form

COMPARABLE HOUSING DETERMINATION FORM

Name: _____ Project: _____
 Address: _____ Section: _____
 Parcel: _____

	Subject	Comp #1	Comp #2	Comp #3
Property Address				
Market Value/List Price				
Lot Size				
Construction Type				
Age/Condition				
Stories/Style				
Sq. ft. living space				
No. of rooms				
No. of baths				
No. of bedrooms				
Living Room				
Dining Room				
Den/Family Room				
Patio/Balcony				
Fireplace				
Parking				
Heat/Air Conditioning				
Fencing				
Pool				
State's Appraised Value				
Relocation Adjustment for AZ Room (-)				
Relocation Adjustment for 1 or 2 sheds (-)				
Relocation Adjustment for Fencing				
				\$0.00
State's Relocation Adjusted Value/Offer		\$0.00	\$0.00	\$0.00
Comparable(s) Market/List Price(s)				
State's Relocation Adjusted Value				
Price Differential Determination		\$0.00	\$0.00	\$0.00
Required Purchase Amount		\$0.00	\$0.00	
Determination Prepared By:			Date:	

To Return to This Section Exhibits ~ [Click Here](#)



RIGHT OF WAY
ACQUISITION / RELOCATION
VACATE NOTICE

DATE VACATED: _____

Date: _____

Project: _____

Highway: _____

Section: _____

Parcel: _____

Occupants: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Replacement Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

This is a tenant occupied property. Grantors Name: _____

Number of tenants remaining: _____

ADOT possession has not been obtained. This Tenant _____ vacated on the above mentioned date. Their current rent payment is \$ _____ with / without utilities

Personal property has been left by occupant: _____

Keys to Property Management. If not why? _____

Release amounts held in escrow. If not why? _____

Displacee Signature

Date

Right of Way Agent Signature

Date

Scan & Email Copy:

Acquisition Section: Cyndi Sullivan csullivan@azdot.gov

Property Management Email Address: RightofWayPROPMGMT@azdot.gov

Deliver Keys to Kathy Kline

Project Coordinator: Coordinator

To Return to This Section Exhibits ~ [Click Here](#)



Certificate of Legal Residency in the United States

In accordance with Public Law 105-117, 105th Congress and Title 49, Code of Federal Regulations Part 24, all persons seeking relocation payments or relocation advisory assistance shall, as a condition of eligibility, certify that he/she and/or other members of the household are citizens, nationals or aliens who are lawfully present in the United States.

Residential Displacements

- A. Individual: I certify that I am a citizen of the United States
(or)
 I certify that I am an alien lawfully present in the United States
(or)
- B. Family: I certify that there is/are _____ person(s) in my household, that is/are Citizen(s) of the United States and _____, aliens lawfully present in the United States.

Non- Residential Displacements

- C. Sole Proprietorship: I certify that I am a citizen of the United States.
(or)
 I am an alien lawfully present in the United States.
(or)
 I am a non- U.S. citizen not present in the United States.
- D. Partnership: I certify that there are _____ partners in the partnership and that _____ are citizens of the United States, _____ are aliens lawfully present in the United States, and _____ are non-U.S. citizens not present in the United States.
- E. Corporations: I certify that _____ is established pursuant to Arizona State Law and is authorized to conduct business in the United States.

(Your signature constitutes certification)

Date

NOTE: The Arizona Department of Transportation or its agents may request documentation or other credible evidence in addition to this certificate. In addition, inquiries to the Bureau of Citizenships and Immigration Services (BCIS) may take place.

To Return to This Section Exhibits ~ [Click Here](#)

RESIDENTIAL RELOCATION FINALIZATION FORMAT

ORDER OF FILE

(Bottom of File Forward)

Notice of Assignment to Agent

Notice of Additional Tenants

Eligibility Notice

Request for Evaluation Information Memo, if applicable. One copy of all prepared determinations with spreadsheets (determination supporting the entitlement processed to remain with the payment processing record). Necessary supporting documentation. Evaluation agent's contact report.

FILE PAYMENT PROCESSING RECORD ON TOP OF THE SUPPORTING DOCUMENTATION IN THE RESPECTIVE (OR MAIN) CATEGORY IN THE FOLLOWING ORDER:

REPLACEMENT HOUSING PAYMENT (PURCHASE)

- Determination w/spreadsheets
 - Price Differential Determination Worksheet
 - Comparable Housing Determination Form & supporting documentation
 - Certificate of Legal Residency in the United States
 - Estimated IMIC/Debt service document
 - Estimated IMIC Letter
 - Owner Occupant Survey
 - Evaluation Agent's Contact Report
- Price Differential Letter
- Purchase Agreement w/Addendums (if any)
- Escrow Instructions
- Warranty Deed & Deed of Trust/Mortgage
- Decent, Safe & Sanitary Inspection w/photos
- Blue SRR (Supplemental Receiving Report), if any, (Claim Pay, Copy of Check & Supporting Documentation)

REPLACEMENT HOUSING PAYMENT (RENTAL)

(e.g. Lease Agreement, rental receipt and/or cancelled check) Decent, Safe and Sanitary Inspection. Include determination and letter.

- Determination w/spreadsheets
 - Rental Assistance Determination Worksheet
 - Comparable Housing Determination Form & supporting documentation
 - Certificate of Legal Residency in the United States
 - Owner Occupant Survey
 - Evaluation Agent's Contact Report
- Rental Assistance Determination Tenant Letter/Down payment assistance
- Copy of Lease Agreement, Rental Receipt and/or Cancelled Check/Certified copy of the HUD closing statement and copy of purchase agreement
- Decent, Safe & Sanitary Inspection w/photos
- Blue SRR (Supplemental Receiving Report) if any, (Claim Pay, Copy of Check & Supporting Documentation)

**INCREASED MORTGAGE INTEREST, DEBT SERVICE COST ESTIMATE
INCREASED MORTGAGE INTEREST, DEBT SERVICE COST
DETERMINATION FINAL**

Supporting documentation, including correspondence. (Subject property loan information and replacement home loan information.)

- Subject property loan information (loan balance info from lender, ADOT's Final Escrow Settlement Stmt)
- Replacement property loan information
 - Copy of Mtg Loan Disclosure Stmt/Good Faith Certified Closing/HUD Stmt, if any
 - Copy of Note
- Request for final Determination of IMIC (given to Evaluation agent w/required documentation)
- Final IMIC/Debt Service document
- Evaluation Agents Contact Report
- Final IMIC Letter
- Blue SRR (Supplemental Receiving Report), if any, (Claim Pay, Copy of Check & Supporting Documentation)

INCIDENTAL EXPENSES (CLOSING COST)

- Escrow, Title & Closing Letter
- Related Correspondence
- Certified copy of Final Closing Settlement Statement
- Blue SRR (Supplemental Receiving Report), if any, (Claim Pay, Copy of Check & Supporting Documentation)

COMMERCIAL MOVE

Supporting documentation (inventory, bids, report for bids, moving expense certification form, invoice, etc) Include determination letter

- Inventory of Personal Property—Residential Displacee Form
 - Photos of Rooms
 - Appraisal Floor Plan if available or Sketched Floor Plan
- Commercial Move Letter with Low Bid Attached
- Vacate Notice (attach photos)
- Blue SRR (Supplemental Receiving Report), if any, (Claim Pay, Copy of Check & Supporting Documentation)

SCHEDULE MOVE

Supporting documentation (appraisal floor plan of subject house and justification of room count) Vacate notice to Property Management. Include determination letter.

- Inventory of Personal Property—Residential Displacee Form
 - Photos of Rooms
- Residential Moving Expense & Dislocation Allowance Payment Schedule
 - Fixed Residential Moving Cost Schedule
 - Appraisal Floor Plan if available or Sketched Floor Plan
- Scheduled Self Move Letter
- Vacate Notice (attach photos)

- Blue SRR (Supplemental Receiving Report), if any, (Claim Pay, Copy of Check & Supporting Documentation)

MOVING-RELATED EXPENSES (WITH COMMERCIAL MOVE ONLY)

Supporting documentation (receipts and/or cancelled checks, etc.)

CORRESPONDENCE (MISCELLANEOUS LETTERS, APPEAL LETTERS, ETC) Oldest to Newest

CONTACT REPORT

Filed chronological with first entry on top

RELOCATION FINALIZED FILE FORM

SUBMIT THE COMPLETED FILE TO REVIEW AND PLACE A COPY OF THIS FORMAT ON TOP OF FILE

To Return to This Section Exhibits ~ [Click Here](#)