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| **INDIVIDUAL RELOCATION CASE REPORT**Revised 10/2016 | ID NO This Case(from relocation plan) |  Parcel No Unit No | \_\_\_\_\_\_ |
| Please submit this report within 30 days after displacement and payment of relocation claims for each displaced person.Is this the final case report for this project? [ ]  YES [ ]  NO | Relocation Office, Division of Energy, Housing and Community Resources Dept. of Administration PO Box 7970  Madison, WI 53707-7970 | Federal Relocation [ ]  YesLaw Applies [ ]  No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Person Moved In (on site) | Date Replacement Inspected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Negotiations Began |
| Date Prepared | Prepared By | Phone | Date Person Moved Out | Date Property Acquired |
|  |  |  |  |  |
| Acquiring Agency | Project Name | [ ]  This unit was shown as occupied in the relocation plan but was vacant  prior to initiation of negotiation to acquire.[ ]  A relocation plan was submitted for this unit but no actual displacement occurred. |
| Name of Displaced Person | Phone | [ ]  This unit was vacant at the time of plan approval but was occupied prior to acquisition. |
| Address (acquired) City State Zip  | Person Moved to: |  |
| Address (replacement) City State Zip  |  Residential[ ]  D.S.S. Housing |  Non-Residential[ ]  Adequate Replacement |
| Displaced Person Is:[ ]  Residential Owner [ ]  Business Owner [ ]  Non-Profit [ ]  Residential Tenant [ ]  Business Tenant [ ]  Farm Owner[ ]  Mobile Home Occupant [ ]  Non-Profit Owner [ ]  Farm Tenant | [ ]  Comparable Housing [ ]  Non-D.S.S. Housing[ ]  Publicly Assisted Housing | [ ]  Comparable Replacement [ ]  Non-Code Compliant Repl.[ ]  Discontinued Operation |
| **RESIDENTIAL** | **BUSINESS, FARM or NON-PROFIT** |
| [ ]  Family [ ]  Individual | Family Size \_\_\_\_/\_\_\_\_ (adults/children) | Name of Business/Farm/Non-Profit | No. of Employees  |
| Head of Household is:[ ]  Female [ ]  White[ ]  Male [ ]  Non-White[ ]  Elderly (over 65) | Gross Income/Yr. $ | Type of Operation | Annual Net Income $ |
|  | Source(s) of Income[ ]  Wages/Salary [ ]  Pension[ ]  Social Security [ ]  Interest[ ]  Public Assistance [ ]  Other | Type of Interest Acquired[ ]  LAND and BUSINESS [ ]  OTHER (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  BUSINESS ONLY [ ]  LEASEHOLD IMPROV.  |
|  | ACQUIRED UNIT | SELECTED COMPARABLE | ACTUALREPLACEMENT |  | ACQUIRED UNIT | SELECTED COMPARABLE | ACTUAL REPLACEMENT |
| TYPE UNIT (single fam., duplex, multi-fam., etc.) |  |  |  | TYPE OF BUILDING (office, free standing, mixed use, etc.) |  |  |  |
| NUMBER OF ROOMS/BEDROOMS |  |  |  | LAND AREA |  |  |  |
| OVERALL SIZE (square footage) |  |  |  | BUILDING (square footage) |  |  |  |
| ACQUISITION PRICE |  |  |  | ACQUISITION PRICE |  |  |  |
| MONTHLY RENT (with utilities) |  |  |  | MONTHLY RENT(with utilities) |  |  |  |
| CHECK IF CARVE OUT WAS DONE  | [ ]  | [ ]  | [ ]  | CHECK IF CARVE OUT WAS DONE  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |
| RELOCATION PAYMENTSType of Payment (ie. move, rent differential, searching, etc.) | DATE | AMOUNT |  |
|  | CLAIMED | PAID | CLAIMED | PAID |  |
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|  **Total** |  |  |  |

**NOTE:** If a person has not filed or received payments, or was paid more or less than the person appears eligible for according to the data in this report, state the reasons on the reverse side.

**Explanation on relocation payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Other Information:**

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**Note:** An agency must keep a copy of this form in its Individual Relocation Case File for a minimum of 3 years following completion of a project or a final relocation payment, whichever is later. Adm 92.20(2)(o).