



CLAIM FOR RELOCATION PAYMENTS – RESIDENTIAL
 (Public Law 91-646, as amended)

AGENCY:	PROJECT/TRACT:
DATE OF INITIATION OF NEGOTIATIONS:	ADDRESS:

Section 1 – To Be Completed By Claimant

INSTRUCTIONS: This form is for use in applying for payment of moving costs (42 USC 4622); homeowners replacement housing payment; rental replacement housing payment and down payment and incidental expenses. The representative will explain the differences between types of payments and, if you wish, will help you complete the forms. No payments will be made unless the forms are properly executed and received. If your claim is disapproved and/or adjusted from amounts claimed, you will be provided a written explanation for the reason and steps that you may take to have your claim reviewed, in accordance with regulations and procedures. NOTE: Actual expenses must be supported by receipts, vouchers, closing statements, or other documentation, or similar evidence remitted with the appropriate form.

1. NAME:
 MAILING ADDRESS:
 SOCIAL SECURITY NUMBER:
 TELEPHONE NUMBER: ()

Please address only the category (individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons. (49CFR24.208(a)). **Your signature on this claim form constitutes certification.**

(1) Individual – I certify that I am: (check one) ___ a citizen or national of the United States; ___ an alien lawfully present in the United States.
 (2) Family – I certify that there are ___ persons in my household and that ___ are citizens or nationals of the United States and ___ are aliens lawfully present in the United States.

2. DID YOU OCCUPY THE AGENCY ACQUIRED DWELLING? IF YES; PERMANENT OR SEASONAL

3. WERE YOU A: HOMEOWNER OCCUPANT OR: TENANT OR: SLEEPING ROOM TENANT

4. DATE YOU PURCHASED THE AGENCY ACQUIRED DWELLING:
 5. DATE YOU RENTED THE AGENCY ACQUIRED DWELLING:
 6. DATE YOU MOVED INTO THE AGENCY ACQUIRED DWELLING:
 7. DATE YOU MOVED FROM THE AGENCY ACQUIRED DWELLING:
 8. WAS IT FURNISHED WITH YOUR OWN FURNITURE?
 9. NUMBER OF ROOMS: (exclude bathrooms, closets, hallways)
 10. LIST ALL MEMBERS OF THE HOUSEHOLD BY NAME, GENDER, RELATIONSHIP, AGE, AND DISABILITY IF ANY:

11. ADDRESS OF REPLACEMENT DWELLING: (To which you moved)

12. DATE YOU PURCHASED THE REPLACEMENT DWELLING:
 13. DATE YOU RENTED THE REPLACEMENT DWELLING:
 14. DATE YOU MOVED INTO THE REPLACEMENT DWELLING:

