

RELOCATION ELIGIBILITY NOTICE

DISPLACEE: _____

Based on information as of _____, you are eligible for the following benefits as indicated. You will NOT be required to move before _____.

NON-RESIDENTIAL

BUSINESS, FARM, NON-PROFIT

MOVING EXPENSES PLUS RE-ESTABLISHMENT EXPENSES \$ TO BE DETERMINED

OR

FIXED PAYMENT \$ TO BE DETERMINED

RESIDENTIAL

HOUSING SUPPLEMENT

LISTING PRICE OF COMPARABLE DWELLING \$

LESS ACQUISITION PRICE (125% of fair market value) \$

=

MAXIMUM HOUSING SUPPLEMENT \$

RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT

a) COMPARABLE RENT + UTILITIES _____ per month x 42 mo's \$

b) LESS ACTUAL/ECONOMIC RENT + UTILITIES

OR 30% OF MONTHLY INCOME _____ per month x 42 mo's \$

c) RENTAL SUPPLEMENT ("a" minus "b") \$

OR

d) PURCHASE DOWN PAYMENT (greater of "c" or \$5,250) \$

MOVING EXPENSES

SELF MOVE - FIXED COST \$

OR

COMMERCIAL MOVE \$ TO BE DETERMINED

COMPARABLE HOUSING		COMPARABLE RENTALS	
Sale Address	Bedrooms	Rental Address	Bedrooms

Claim must be filed within the prescribed time limits as noted on MDOT claim form 0677 or 0679. Claims can not be paid until all the conditions on the claim form have been met. You may file your appeal at any time up to 6 months after you have received this notice.

SEE RELOCATION BOOKLET FOR COMPLETE DESCRIPTION OF THE RELOCATION PROGRAM

PROPERTY ANALYST	PROPERTY ANALYST SIGNATURE	DATE
REGION AGENT	ADDRESS	PHONE
CONTROL SECTION	JOB NO.	PARCEL
		NAME