

<b>Site Occupant Record - Nonresidential</b>		Project Name: _____ Project #: _____ Relocation Case #: _____ Acquisition Parcel #: _____
<b>LOCALITY/AGENCY</b>		
Date of Initial Interview: _____ Interviewer: _____		
<b>NAME UNDER WHICH BUSINESS TRADES/OPERATES:</b> _____ <b>ADDRESS</b> _____ _____	<b>NAME OF PRINCIPAL OFFICER:</b> _____ <b>HOME ADDRESS:</b> _____ <b>TELEPHONE #:</b> _____	
<b>TELEPHONE NUMBER</b> _____	<b>DATE OF GENERAL INFORMATION NOTICE</b> _____ <b>EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE</b> _____ <b>DATE PRIVACY ACT STATEMENT EXECUTED</b> _____ (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)	
<b>IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>DATE OCCUPANT FIRST OCCUPIED THIS LOCATION</b> _____		
<b>OCCUPANT CHARACTERISTICS</b>		
<b>YEARS IN BUSINESS</b> _____ <b>YEARS AT THIS LOCATION</b> _____  <b>TENURE:</b> <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <b>OPERATION:</b> <input type="checkbox"/> BUSINESS <input type="checkbox"/> NONPROFIT ORGAN. <input type="checkbox"/> FARM	<b>TYPE OF OWNERSHIP</b> <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NONPROFIT ORGANIZATION	<b>RACIAL/ETHNIC CLASSIFICATION</b> (CHECK ALL THAT APPLY) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE <input type="checkbox"/> ASIAN AND WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL
<b>CHARACTER OF BUSINESS OPERATION</b> _____ _____ _____ (e.g., manufacturing, wholesale trade, retail trade, business service, personal service, institutional)		
<b>SPACE OCCUPIED</b> (At displacement property) _____ <b>SERVICES PROVIDED</b> (if tenant) _____ _____	<b>RELOCATION PREFERENCES AND REQUIREMENTS</b> <b>RELO PREFERENCES:</b> <input type="checkbox"/> WILL MAKE OWN PLANS <input type="checkbox"/> NONE <input type="checkbox"/> RENT <input type="checkbox"/> PURCHASE <input type="checkbox"/> BUILD <b>LOCATION CONSIDERATIONS</b> _____ _____ <b>SPACE NEEDS</b> _____ <b>OTHER SPECIAL NEEDS</b> _____ <b>TYPE/SIZE OF BUILDING</b> _____ <b>MAXIMUM MONTHLY RENTAL \$</b> _____ <b>MAXIMUM SALES PRICE \$</b> _____ <b>BUSINESS WILL DISCONTINUE OPERATIONS (EXPLAIN)</b> _____	
<b>MONTHLY RENTAL \$</b> _____		

REFERRALS TO REPLACEMENT LOCATIONS						
DATE	ADDRESS	RENTAL	SALES	RENTAL OR SALES PRICE	DESCRIPTION OF REFERRAL	ACTION ON REFERRAL (If refused, indicate reason)

<b>REPLACEMENT LOCATION</b>	
DATE AGENCY NOTIFIED OF INTENTION TO MOVE _____	
DATE AGENCY INSPECTED PREMISES _____	ADDRESS TO WHICH MOVED: _____
DATE MOVE BEGAN _____	DATE MOVE COMPLETED _____
TENURE AT REPLACEMENT LOCATION:	
<input type="checkbox"/> OWNED	SALES PRICE \$ _____
<input type="checkbox"/> RENTED	MONTHLY RENTAL \$ _____
CENSUS TRACT _____ TELEPHONE _____	
DESCRIPTION OF REPLACEMENT LOCATION: _____	

<b>REPLACEMENT PAYMENT</b>			<b>TEMPORARY MOVE REASON</b> _____	
	AMOUNT	DATE CLAIM FILED	DATE CLAIM PAID	DATE _____ ADDRESS _____
<input type="checkbox"/> ACTUAL MOVING EXPENSES	\$ _____	_____	_____	_____
<input type="checkbox"/> REESTABLISHMENT EXPENSES	\$ _____	_____	_____	DATE OF MOVE FROM TEMPORARY LOCATION TO PERMANENT LOCATION _____
<input type="checkbox"/> FIXED PAYMENT	\$ _____	_____	_____	_____
(Include copy of claim form and related documentation in case file)				

APPEAL FILED:  YES  NO (If yes, include copy in case file)

REMARKS: