# Displacee Information

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| **Project Title:**       | **Parcel No.:**       |
| **Legal Name of Business:**       | **Displacee No.:**       |
| **Owner(s) Name(s), is different from above:**       |
| **Date of Purchase:**       | **Email Address:**       | **Business Phone:**        |
| **Subject Site Address:**      | **Business Mailing Address:**      | **Alternate Phone:**       |
| **Cell Phone:**       |
| **Title VI Required Information:****Ethnic Identification Category: [ ]  African American [ ]  Asian/Pacific Islander [ ]  American Indian/Alaskan Native [ ]  Caucasian [ ]  Hispanic American [ ]  Other**      **MWBE: Yes [ ]  No [ ]  DBE: Yes [ ]  No [ ]** (Minority Women Business Enterprise) (Disadvantaged Business Enterprise**)** |

Unit Information

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| **Building Type:** **[ ]  SFR** **[ ]  Duplex** **[ ]  Triplex** **[ ]  Fourplex** **[ ]  Apartment** **[ ]  Other**            |
| **Total Sq Ft:**       | **Lot Size:**       | **Number of Units:**       |
| **Garage/Carport:**       | **ADA Installations:**       |

Tenant Information

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| **Unit No.:**       | **Unit No.:**       | **Unit No.:**       |
| **Tenant Name:**      **Tenant Phone No.:**       | **Tenant Name:**      **Tenant Phone No.:**       | **Tenant Name:**      **Tenant Phone No.:**       |
| **Sq Ft of Unit:**       | **Sq Ft of Unit:**       | **Sq Ft of Unit:**       |
| **Rent Amount: $**      | **Rent Amount: $**      | **Rent Amount: $**      |
| **Utilities:****Water pd by:**           **Sewer pd by:**           **Power pd by:**            | **Utilities:****Water pd by:**           **Sewer pd by:**           **Power pd by:**            | **Utilities:****Water pd by:**           **Sewer pd by:**           **Power pd by:**            |
| **Heat Source:**       | **Water Source:**       | **Sewer Source:**       |
| **Leases on File: Yes [ ]  No [ ]** **Copies Obtained: Yes [ ]  No [ ]**  | **File Schedule “E” or “C”:**      ***\*Must provide copies of recent tax return*** |
| **Personal Property on-site owned by Landlord:**       **Any outside specialists needed: Yes [ ]  No [ ]** **Time required to vacate:**       |
| **Plans to Reestablish: Yes [ ]  No [ ]  Advance Payment Needed: Yes [ ]  No [ ]** **Site Requirements:**      |

Relocation Cost Estimate

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| **Reestablishment Expenses:** $      | **Moving Cost:** $      | **Site Search Cost:** $      |
| **Specialist:**       | **Date:**       |