



FTA Nonresidential Relocation File Evaluation Form  
49 CFR Part 24 Requirements

Rev 08/31/23

Agency: \_\_\_\_\_ Parcel #: \_\_\_\_\_ FTA Region: \_\_\_\_\_  
Relocation Agent: \_\_\_\_\_

Displacee Name: \_\_\_\_\_  
Occupancy: ☐ Property Owner ☐ Tenant ☐ Other  
(If Tenant, Property Owner Name: \_\_\_\_\_)

Subject Address: \_\_\_\_\_ Project: \_\_\_\_\_

49 CFR 24.208 Certification of citizenship/lawful presence in file: ☐ Yes ☐ No

Date of Occupancy: \_\_\_\_\_ Date Moved: \_\_\_\_\_ Last Date to File Claim: \_\_\_\_\_

Replacement Site Address: \_\_\_\_\_

Initiation of Negotiations (ION) Date: \_\_\_\_\_

**A. Relocation Payments (§24.301, §24.303, §24.304, §24.305)**

1. §24.301(g)(1) thru (3)

Type:

Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. §24.301(g)(17) - Site Search Payment

Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

3. §24.301(g)(4) thru (16) and (18) – Specific Actual Move Payment Items

Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. §24.303 – Related Nonresidential Eligible Expenses

Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. §24.304 – Reestablishment Payment(s)

Date Claimed: \_\_\_\_\_ Date Approved: \_\_\_\_\_ \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**6. §24.305 – Fixed Payment for Moving Expenses—Nonresidential Moves**

**Date Claimed:** \_\_\_\_\_ **Date Approved:** \_\_\_\_\_ **\$** \_\_\_\_\_ **Date Paid:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**B. Review of Relocation Agent Log**

Evaluation Items, using the following codes: 0= Not Applicable; 1= Acceptable; 2= Concern (could be better, but not a violation); 3= Deficiency (recurring problem, requires some action); 4= Violation

- A. Relocation benefits explained to displacee \_\_\_\_\_
- B. Availability & Cost Information provided on replacement property \_\_\_\_\_
- C. General information notice issued \_\_\_\_\_
- D. Notice of eligibility issued \_\_\_\_\_
- E. 90-day & 30-day (final vacate) notice (if applicable) issued \_\_\_\_\_
- F. Displacee provided written advance notice of moving date \_\_\_\_\_
- G. Inventory at displacement site obtained by Agent \_\_\_\_\_
- H. Personal property inspected at displacement site \_\_\_\_\_
- I. Personal property inspected at replacement site \_\_\_\_\_
- J. Moving cost claims adequately supported \_\_\_\_\_
- K. Business re-establishment costs claims adequately supported \_\_\_\_\_
- L. Actual Direct Loss (ADL) of tangible personal property, Substitute Personal Property (SPP), and/or Low Value High Bulk claims adequately supported \_\_\_\_\_
- M. Searching expense adequately supported \_\_\_\_\_
- N. In-lieu payment adequately supported \_\_\_\_\_
- O. Action appealed; prompt decision issued \_\_\_\_\_
- P. Appellant notified promptly in writing of determination \_\_\_\_\_
- Q. Other: \_\_\_\_\_

Comments as needed for clarification: \_\_\_\_\_

**C. Documentation Requirements**

**49 CFR 24.9(a) Recordkeeping and Reports**

Check List Items: (If applicable)

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Copies of information provided on replacement site      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. General Information Notice with proof of delivery       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| 3. 90 Day Notice/Eligibility Letter with proof of delivery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| 4. 30-Day Notice with proof of delivery                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Inventory of personal property obtained at subject      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| 6. Evidence of all personal property from subject removed  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                              |
| 7. Moving Cost Determinations:                             |                              |                             |                              |
| a. Adequately Supported Claims                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

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b. Signed Receipt from Relocatee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Reestablishment Expense Determination(s):			
a. Adequately Supported Claim(s)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Signed Receipt from Relocatee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
9. In Lieu Payment Determination:			
a. Adequately Supported Claim	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
b. Signed Receipt from Relocatee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
10. Action appealed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, explain board's decision: _____			
11. Copy of replacement lease or closing statement in file	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
12. Agent log signed by relocation agent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<u>Overall Compliance</u>			
Does the Relocation File and other project records reviewed provide sufficient detail to assess overall URA compliance?			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Insufficient <input type="checkbox"/>
Comments as needed for clarification: _____			

**Reviewer's Assessment of Overall URA Compliance:**

**Date Reviewed:** \_\_\_\_\_

Reviewer Comments (Note any 'no' or 'undetermined' answers and any areas of potential 'deficiency' or 'violation').: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewer Signature: \_\_\_\_\_