# Displacee Information

|  |  |
| --- | --- |
| **Project Title:**       | **Parcel No.:**       |
| **Legal Name of Business:**       | **Displacee No.:**      Preferred Contact |
| **Owner(s) Name(s), is different from above:**       | **Business Phone:**       | **[ ]**  |
| **Subject Site Address:**     **Date of Purchase:**       | **Business Mailing Address:**      | **Alternate Phone:**       | **[ ]**  |
| **Cell Phone:**       | **[ ]**  |
| **Email Address:**       | **[ ]**  |

Unit Information

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

Tenant Information

|  |  |  |
| --- | --- | --- |
| **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: $**      |
| **Security Deposit Amount: $**      | **Security Deposit Amount: $**      | **Security Deposit 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 [ ]**  | **Can you supply tax returns to verify your landlord status? [ ]  Yes [ ]  No** **Schedule “E” or “C”:**       **(if no will be treated as a PPO)** |
| **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

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