Acquisition Monitoring Form

*Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and section 104(d) of the Housing and Community Development Act of 1974*

**Grantee: Grant Number:**

**Prepared by: Prepared Date:**

**Project Name:**

**Beneficiary Name:**

**Beneficiary Address (*current*):**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Overall Relocation and Real Property Acquisition** | | | | | | | | | | |
| 1. | How many parcels |  | | | | | | | | |
| 2. | Parcel ID Number: |  | | | | | | | | |
| 3. | Name & Address of owner: |  | | | | | | | | |
| **Application and Documentation** | | | | | | | | | | |
| 1. | Address of acquired property: |  | | | | | | | | |
| 2. | Parcel ID Number: |  | | | | | | | | |
| 3. | Name & Address of owner: |  | | | | | | | | |
| 4. | Property is (check one): | Occupied  Vacant/ROW/Easement  Rental  List Tenants: | | | | | | | | |
| **NOTE: If Acquisition is by voluntary negotiation, skip to Question 14** | | | | | | | | | | |
| 5. | For acquisition by URA, review and note the date of : | | | | | | | | Date: | |
| a. Notice of Interest or Intent to Acquire: | | | | | | | |  | |
| b. Attorney Settlement Statement (signed/dated) | | | | | | | |  | |
| 6. | Is an appraisal in the file? | Yes | | | | | No | |  | |
| If not, is there documentation of either of the following: | | The owner is donating the property and has waived the right to an appraisal.  The grantee has determined the valuation to be uncomplicated and the fair market value is estimated at $2,500 or less. *If so explain the method used by the grantee to reach this determination.* | | | | | | | | |
| 6a. | If yes, complete the following: | | Appraisal: | | | | | | | Review Appraisal: |
| (i) Name: | |  | | | | | | |  |
| (ii) Date: | |  | | | | | | |  |
| (iii) Amount: | |  | | | | | | |  |
| (iv) Did all appraisers invite the property owner to accompany them during the inspection of the property? | | Yes | | | No | |  | | |
| **Just Compensation** | | | | | | | | | | |
| 7. |  | | Amount: | | | | | | | Date: |
| a) Amount of Just Compensation: | |  | | | | | | |  |
| b) Initiation of Negotiations (initial written purchase offer with just compensation statement included): | | | | | | | | |  |
| c) Initial Written Offer: | |  | | | | | | |  |
| **Negotiation/Purchase** | | | | | | | | | | |
| 8. | Owner accepted offer | | Yes  No | | | | | | | |
| 9. |  | | Amount: | | | | | | | Date: |
| Acquisition Price: | |  | | | | | | |  |
| If excess compensation or determination not to acquire, provide details. Include all documents that justify excess compensation or the determination not to acquire, i.e. appraisals, recent court awards, estimated trial costs and valuation problems. | | | | | | | | | |
| **Condemnation** | | | | | | | | | | |
| 10. | If acquisition is by condemnation, date condemnation proceeding instituted: | | | |  | | | | | |
| 11. | If acquisition is by condemnation, date estimated just compensation deposited with court: | | | |  | | | | | |
| 12. | Title vested in agency: | | | |  | | | | | |
| 13. | Was the above required documentation delivered by: | | | | Return receipt  Requested Delivery  Hand Delivery with a Signed Receipt | | | | | |
| 14. | Complete only if acquisition is by voluntary negotiation: | | | | | | | | | |
| a. Describe the criteria for determining the offer price for the property. | | |  | | | | | | |
| b. Was the owner informed in writing that the grantee would not acquire the property if negotiations failed to result in an amicable agreement?  Is there documentation on file? | | | Yes  No  N/A  Yes  No  N/A | | | | | | |
| c. Did the grantee inform the owner of what it believed to be the fair market value of the property?  Is there documentation in the file? | | | Yes  No  N/A  Yes  No  N/A | | | | | | |
| **NOTES:** | | | | | | | | | | |

***\*List or attach supporting documentation or notate items reviewed to support work performed where deemed necessary for all questions listed on this monitoring checklist.***

**Grantee Representative: Date:**

**CDBG-I Grants Representative: Date:**

**CDBG-I Supervisor: Date:**