EXHIBIT 6-Q

RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER: _____ **STATUS AS OF:** _____

Case Number	Address	Name of Occupant(s)	(T)enant (O)wner	Date of Eligibility	Notice Issued		Number of People	(E)lderly (D)isabled	Racial Classification **	Hispanic? (Yes/No)	Representative Comparable Offered *** ☑	Number of Referrals Made	90-Day Notice Issued ☑	Notice to Vacate Issued ☑	Date Moved	Moving Expenses		Replacement Housing Payment	Case Closed ☑	Remarks
					Type *	Date										(A)ctual (F)ixed	Amount			
																	$ -	$ -		

*** E =** Notice of Eligibility for Relocation Assistance

N = Notice of Nondisplacement

**** W** = White
B = Black
A/I = American Indian
H = Hispanic
A/P = Asian or Pacific Islander

******* Representative comparable to be used as bases for determining maximum Replacement Housing Payment