

CITY OF COLUMBUS
RELOCATION OFFICE
PROJECT EVALUATION FORM

This form is to be completed as soon as possible during the project intake process on all projects that involve **Acquisition, Rehabilitation, And/or Demolition Activities**. Once completed, please forward to the Relocation office at 111 North Front Street, Third Floor, Columbus, Ohio 43215. If You Require Assistance Completing this Form Please Call 645-6516.

SECTION 1. - GENERAL PROJECT INFORMATION

DEPARTMENT/AGENCY _____

PROJECT TYPE/NAME _____

PROJECT/SITE ADDRESS _____

FED PROJECT NO. _____ DEPT/AGENCY PROJECT NO _____

PROGRAM STAFF _____ TELEPHONE NO. _____

APPLICANT/DEVELOPER _____

ADDRESS _____

TELEPHONE NO _____ ALTERNATE _____ FAX _____

SECTION 2. - FUNDING SOURCE/TYPE OF PROGRAM (please check one or more)

A. TYPE OF FUNDING/PROGRAM.

- | | | | |
|---|------------------------------|--|-------------------------------|
| <input type="checkbox"/> CDBG | <input type="checkbox"/> NSP | <input type="checkbox"/> HOPE | <input type="checkbox"/> UDAG |
| <input type="checkbox"/> BUSINESS DEVELOPMENT FUND | | <input type="checkbox"/> AFFORDABLE HOUSING FUND | |
| <input type="checkbox"/> COMMERCIAL IMPROVEMENT FUND | | <input type="checkbox"/> NCR - INVESTMENT FUND | |
| <input type="checkbox"/> REVOLVING LOAN FUND | | <input type="checkbox"/> NCR - FACADE IMPROVEMENT FUND | |
| <input type="checkbox"/> STATE HIGHWAY FUNDS (ODOT) | | <input type="checkbox"/> SECTION 108 | |
| <input type="checkbox"/> HUD LEAD BASED-PAINT FUND | | <input type="checkbox"/> OPTIONAL LEAD-BASED PAINT PROGRAM | |
| <input type="checkbox"/> OTHER FUNDING SOURCE _____ | | <input type="checkbox"/> WORKING CAPITAL FUND | |
| <input type="checkbox"/> OTHER FEDERAL FUNDS - AGENCY _____ | | | |
| <input type="checkbox"/> OTHER STATE FUNDS - AGENCY _____ | | | |

B. HAS THERE BEEN A PREVIOUS APPLICATION SUBMITTED FOR THIS PROJECT? YES NO

If yes, when? _____. What activities were to be funded? _____

SECTION 3. - APPLICATION AND FUNDING AGREEMENT

A. HAS A "FORMAL" APPLICATION BEEN FILED? YES NO

If YES, date when was this done? _____ (please attach a copy of the application)

B. HAS ANY TYPE OF FUNDING AGREEMENT BEEN ISSUED? YES NO

If YES, type: Letter of Intent

Letter of Commitment

other _____

Date this was done? _____ (please attach a copy)

C. WILL THE APPLICANT/DEVELOPER APPLY FOR OTHER TYPES OF ADDITIONAL FUNDING FOR THIS PROJECT?

YES NO If yes, type of funding? _____ When? _____

Reminder: If any of the above items could not be checked, the remaining project evaluation must be completed in its entirety!

QUICK SUMMARY

If all of the following items can be checked, the Acquisition and Relocation project review on this project can be considered complete and the remaining sections of the form need not be completed. Just complete the information on page 4 concerning who executed this form and submit it to the Land Management and Relocation Division.

- The project involves rehabilitation only. No acquisition is involved (including downpayment assistance);
- The site is owner-occupied, a single unit with no rental units, either occupied or vacant;
- The site has been owner-occupied for at least one year prior to the application; and,
- No temporary relocation will be required for lead-based paint treatment or for any other reason. The Relocation office will be notified prior to closing if the above should change (see the note in Section 7, B).

REMINDER: IF ANY OF THE ABOVE ITEMS COULD NOT BE CHECKED, THE REMAINING PROJECT EVALUATION MUST BE COMPLETED IN ITS ENTIRETY!

SECTION 4. - PROJECT ACTIVITIES (Check one or more)

- ACQUISITION OF VACANT LAND AND/OR EASEMENTS
- ACQUISITION OF LAND WITH STRUCTURES/IMPROVEMENTS
- REHABILITATION RESIDENTIAL COMMERCIAL
- NEW CONSTRUCTION DOWN PAYMENT ASSISTANCE DEMOLITION
- WORKING CAPITAL ACTIVITIES _____
- OTHER - EXPLAIN

SECTION 5. - ACQUISITION ACTIVITIES

A. Has The Site Been Acquired (Title Actually Transferred to The Name of The Applicant/developer)?

YES - If YES, please indicate date and skip to Section 6. Date _____

NO - If NO, PLEASE COMPLETE THIS SECTION.

B. NUMBER OF PARCELS TO BE ACQUIRED: RESIDENTIAL _____ NON-RESIDENTIAL _____

CURRENT PROPERTY OWNER'S NAME _____

ADDRESS _____ TELEPHONE _____

C. ALTHOUGH THE SITE HAS NOT BEEN ACQUIRED, HAS SITE CONTROL BEEN SECURED? YES NO

1. If YES, who has secured site control?

a. THE CITY

b. A THIRD-PARTY. Name of person/agency: _____

(please check how control was secured and attach supporting documentation)

- Option Date _____
- Contract of sale/sales contract Date _____
- Land Contract Date _____
- Other (i.e., donation, etc.) _____ Date _____

2. If NO, who will be securing the site control?

a. THE CITY (check how it will be secured)

- Eminent domain process will be used as a specific site has been identified.
- Voluntary acquisition will be used (i.e., scattered sites, voluntary sales),
- Not sure

b. A THIRD-PARTY. Name of person/agency: _____

SECTION 6. - PROJECTS INVOLVING STRUCTURES/IMPROVEMENTS

If site is vacant land without structures or improvements, **MAKE SURE YOU CHECKED THE APPROPRIATE ACTIVITY IN SECTION 3, AND SKIP TO SECTION 7.**

A. TYPE OF STRUCTURES/IMPROVEMENTS INVOLVED (CHECK ONE OF MORE):

- Single detached: Single-family, stand alone house, one unit. _____ No of units
- Row house: Units are deeded separate, share exterior walls, have separate front entrances. _____ No of units
- Duplex: Single structure - 2 units side-by-side _____ No of units
- Two flat: Single structure - 2 units up & down _____ No of units
- Triplex: Single structure with 3 units _____ No of units
- Four-plex: Single structure with 4 units _____ No of units
- More than 4 units/buildings _____ No of units
- Nonresidential (i.e., commercial) _____ No of units
- Other (i.e., signs, personal property) _____

B. OCCUPANCY: Vacant units _____ No of vacant units
Tenant occupied units _____ No units occupied
Owner occupied units _____ No units occupied

C. IF UNITS ARE NOW VACANT, please provide a copy of an "OWNER'S CERTIFICATION OF NO DISPLACEMENT" for each vacant unit (ATTACHMENT 1).

SECTION 7. - PROJECTS INVOLVING REHABILITATION, NEW CONSTRUCTION, AND/OR DEMOLITION

A. PLEASE BRIEFLY DESCRIBE EACH PROPOSED PROJECT ACTIVITY:

B. IF THE PROJECT IS OCCUPIED BY TENANTS (RESIDENTIAL AND/OR NONRESIDENTIAL):

1. Will the project activities require the tenants to MOVE PERMANENTLY from the site? YES NO

If YES, please indicate the number of: Residential tenant units _____
Nonresidential units _____
Other _____

2. Will tenants be permitted to REMAIN ON SITE after completion of the project? YES NO

If YES, please indicate the number of: Residential tenant units _____
Nonresidential units _____
Other _____

NOTE: If tenants are to be permitted to remain on site, it will be necessary to determine if any temporary moves will be required as the result of project activities. **Please submit a "EVALUATION AT LOAN CLOSING" (ATTACHMENT 2) to the Land Management and Relocation Division prior to the execution of the funding agreement.** Also attached is a copy of the "Land Management and Relocation Division Comments/Recommendations" form (Attachment 3) that will be returned to you prior to the closing.

If the permanent or temporary move of persons or personal property is anticipated as the direct result of project activities, there must also be a written relocation strategy and relocation budget prior to the execution of any type of funding agreement.

C. ANY ADDITIONAL COMMENTS _____

COMPLETED BY _____

TITLE _____

DEPARTMENT/AGENCY _____

TELEPHONE NO. _____ DATE _____

SECTION 8: To be completed for each residential unit. If the unit has been vacant for a number of years and the utility companies are unable to provide usage information use the utility amounts provided by section 8 housing allowance schedule.

UNIT ADDRESS: _____

NAME OF OCCUPANT: _____

NUMBER OF BEDROOMS IN UNIT: _____

WILL THERE BE A CHANGE IN THIS NUMBER AND/OR USE OF THE UNIT DUE TO THE PROPOSED PROJECT:
 YES NO

IF YES, PLEASE DESCRIBE: _____

CURRENT MONTHLY RENT + TENANT PAID UTILITIES

DOES THIS AMOUNT INCLUDE ANY UTILITIES? YES NO

IF YES, CHECK WHICH ONES: ELECTRIC GAS WATER/SEWER TRASH

AMOUNT PAID FOR OF MONTHLY UTILITIES:

ELECTRIC: \$ _____ PAID BY: OWNER TENANT

WATER HEATER FURNACE STOVE AIR CONDITIONING

GAS: \$ _____ PAID BY: OWNER TENANT

WATER HEATER FURNACE STOVE AIR CONDITIONING

WATER\SEWER: \$ _____ PAID BY: OWNER TENANT

TRASH REMOVAL: \$ _____ PAID BY: OWNER TENANT

TENANT PAID UTILITIES \$ _____ + CURRENT RENT \$ _____ = CURRENT TOTAL \$ _____

PROPOSED MONTHLY RENT + TENANT PAID UTILITIES

DOES THIS AMOUNT INCLUDE ANY UTILITIES? YES NO

IF YES, CHECK WHICH ONES: ELECTRIC GAS WATER/SEWER TRASH

AMOUNT PAID FOR OF MONTHLY UTILITIES:

ELECTRIC: \$ _____ PAID BY: OWNER TENANT

WATER HEATER FURNACE STOVE AIR CONDITIONING

GAS: \$ _____ PAID BY: OWNER TENANT

WATER HEATER FURNACE STOVE AIR CONDITIONING

WATER\SEWER: \$ _____ PAID BY: OWNER TENANT

TRASH REMOVAL: \$ _____ PAID BY: OWNER TENANT

TENANT PAID UTILITIES \$ _____ + PROPOSED RENT \$ _____ = PROPOSED TOTAL \$ _____

**CITY OF COLUMBUS
DEPARTMENT OF DEVELOPMENT
RELOCATION OFFICE**

OWNER'S CERTIFICATION OF NO DISPLACEMENT

Name of Project: _____

Type of Project: _____

Federal Project #: _____ City Project #: _____

Property Owner(s): _____

Property Address: _____

Being the owner(s) of the above property that is to be developed/improved with Federal financial assistance by City of Columbus, I (we) hereby certify that no tenant that previously occupied this property was required to move from the site as a direct result of the property being either acquired or developed for the project.

Signature _____ Date _____

Signature _____ Date _____

YOU MUST CHECK ONE!

This unit was or is currently owner occupied.

This unit was or is currently tenant occupied. If yes complete the following:

Previous Tenant(s) _____

Date Moved: _____

Current Address (if known): _____

Reason for move (if known): _____

CITY OF COLUMBUS
DEPARTMENT OF DEVELOPMENT
RELOCATION OFFICE

RELOCATION/ACQUISITION EVALUATION AT LOAN CLOSING

This form is to be completed and sent to the Relocation Office prior to a loan closing, the issuance of a commitment letter and/or the execution of a funding agreement. The Relocation Office will review the completed form for approval and/or provide comments and recommendations.

DEPARTMENT/AGENCY _____

PROJECT/SITE ADDRESS _____

FED PROJECT NO. _____ DEPT/AGENCY PROJECT NO. _____

PROGRAM STAFF _____ TELEPHONE NO. _____

APPLICANT/DEVELOPER _____

CLOSING INFORMATION/PROJECT FUNDING AND ACTIVITIES:

- 1. This loan or grant is scheduled to close on _____.
2. The following funding will be used.

If funding source has changed since preliminary evaluation/application, please indicate change(s) _____

- 3. Please indicate all project activities:

- Acquisition Down Payment Assistance New Construction Demolition X Rehabilitation
Lead-based Treatment Temporary Relocation Working Capital Activities: Explain _____
Other: Explain: _____

TEMPORARY RELOCATION INFORMATION:

Please check as applicable:

- Lead-based paint treatment is necessary and the occupant WILL have to be moved
Construction activity will cause conditions which will make the unit temporarily unlivable.
Temporary moves are anticipated. For how long? _____ days/weeks/months

No temporary moves are anticipated, however, HUD lead-based paint standards in 24 CFR Part 35 will be followed.

Comments _____

_____ Date _____
Project Manager/Coordinator

CITY OF COLUMBUS
DEPARTMENT OF DEVELOPMENT
RELOCATION OFFICE

RELOCATION/ACQUISITION EVALUATION AT LOAN CLOSING
RELOCATION OFFICE COMMENTS/RECOMMENDATIONS

DEPARTMENT/AGENCY _____

PROJECT/SITE ADDRESS _____

FED PROJECT NO. _____ DEPT/AGENCY PROJECT NO. _____

PROGRAM STAFF _____ TELEPHONE NO. _____

APPLICANT/DEVELOPER _____

Based on the information provided in the "RELOCATION/ACQUISITION EVALUATION AT LOAN CLOSING" form dated _____ for the above noted project, the Relocation Office recommends:

- Project Can Proceed to Loan Closing/Funding Agreement.
- Project Cannot Proceed to Loan Closing/Funding Agreement.

Comments _____

Real Estate Relocation Specialist Date _____

Relocation Program Manager Date _____

FAXED: TO: _____ FROM: _____ DATE: _____