C-30: RELOCATION COMPOSITE LIST

# Relocation Composite List

PRINT

Complete the chart below for all persons relocated.

| NAME | ADDRESS | L/M YES NO | 180-DAY Homeowner YES NO | Benefits Paid | Claim Amount | Meets Section 8 Standards YES NO |
|---|---|---|---|---|---|---|
| | | | | $ | $ | |
| | | | | $ | $ | |
| | | | | $ | $ | |
| | | | | $ | $ | |
| | | | | $ | $ | |
| | | | | $ | $ | |
| | | | | $ | $ | |
| | | | | $ | $ | |