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
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	
				$	$	