Relocation Costs

District:										
Project Number:										
Owner Name	**Address**	**APN**	**Furniture & Equipment Appraisal Amount**	**Furniture & Equipment Appraisal Date**	**Total Residential Units**	**Single Family Replacement Housing & Moving ($##### per SFR Unit**	**Multi-Family Rental Assistance & Moving ($##### per MFR Unit**	**Total Non-Residential Units**	**Non-Residential Relocation & Moving ($###### per Non-Res. Unit**	**Total Relocation Estimate and Furniture & Equipment**
			TOTAL		0			0		
			100%:			$0	$0		$0	$0
			50% State Contribution:			$0	$0		$0	$0