

Sent _____
Received _____
Reviewed _____

Relocation Assistance Program

WRAP Checklist

1. **Name of Agency or Municipality** _____

2. **Name of Contact Person** _____
Title _____
Phone _____
FAX _____
E-Mail _____

3. **Displacement Period** / / to / /

4. **Reason for Displacement** ÿ Acquisition/ Capital Project
 ÿ Code Enforcement

5. **Address(es) provided of buildings affected?** ÿ Yes
 ÿ No

6. **Number of People Being Displaced** **Individuals** _____
 Families _____

7. **Number of Businesses Being Displaced** **Businesses** _____

8. **Does the WRAP determine the extent of the need of the displacees?** ÿ Yes
 ÿ No

Comments: _____

9. **Does the WRAP identify available replacement housing?** ÿ Yes
 ÿ No

Comments: _____

Sent _____
Received _____
Reviewed _____

16. Are State funds requested? Yes No

17. Estimated amount of assistance requested (if applicable) \$ _____

18. Original signatures on application? Yes No

Other comments:
