

Relocation Composite List

- Complete the chart below for all persons relocated.

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