



CITY COUNCIL AGENDA ITEM

Date: September 15, 2011

To: John Szerlag, City Manager

From: Mark F. Miller, Director of Economic and Community Development
Steven J. Vandette, City Engineer
Patricia A. Petitto, Real Estate Consultant, Greenstar & Associates, LLC

Subject: Request for Approval of Relocation Claim
John R Road Improvement Project, Square Lake to South Boulevard
Project No. 02.204.5 – Parcel 44 – Sidwell #88-20-02-230-011

Background

As part of the proposed John R Road Improvement Project – Square Lake to South Boulevard, City Council previously authorized the purchase of the property at 6695 John R from Elizabeth Strichick. This parcel is located on the west side of John R Road, between Lyster Lane and Chancery Avenue in the northeast $\frac{1}{4}$ of Section 2. Ms. Strichick has completed her move to another house in the city of Troy. In accordance with Michigan Laws and Federal Regulations, she is eligible for reimbursement of moving costs. She has chosen to be paid for moving costs from a fixed rate schedule and is eligible to claim \$1,850 based on the number of rooms in her house.

Recommendation

City Management recommends that City Council approve the attached Relocation Claim and authorize payment for reimbursement of moving expenses in the amount of \$1,850.

Fund Availability

Eighty percent of these costs will be reimbursed from Federal funds. Funds for the City of Troy's share are available in the Major Roads Fund.

RELOCATION CLAIM

RESIDENTIAL

Information required by Act 31, P.A. 1970 as amended, and Act 277
P.A. of 1972, to process payment.

DISPLACEE'S NAME ELIZABETH STRICHICK	
ACQUIRED PROPERTY ADDRESS AND PHONE 6695 JOHN R TROY, MI 48085	REPLACEMENT PROPERTY ADDRESS AND PHONE 6705 JOHN R TROY, MI 48085

CONTROLLING DATES

DATE OF MOVE 8-29-11	DATE OF FINAL PAYMENT 8-29-11	DATE OF ESTIMATED JUST COMPENSATION DEPOSIT _____
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MUST OCCUPY REPLACEMENT PROPERTY BY:

If Tenant, 12 months after date of move	DATE _____
If Secured Owner, 12 months after date of final payment	DATE 8/30/12
If Unsecured Owner, 12 months after date of estimated just compensation deposit	DATE _____

MUST FILE CLAIM FOR PAYMENT BY:

If Tenant, 18 months after date of move	DATE _____
If Owner, 18 months after date of move or final payment, whichever is later	DATE 3/1/13

RELOCATION PAYMENTS

Replacement Housing Supplement	- 0 -
Incidental Closing Costs	- 0 -
Increased Interest Differential	- 0 -
Replacement Rental Supplement/Purchase Down Payment	- 0 -
Moving Expenses	\$1,850
AMOUNT DUE:	\$1,850

MOVE VERIFIED BY ~~MDOT~~ **CITY OF TROY**

I/WE AGREE PAYMENT WILL BE SENT TO

6705 JOHN R, TROY, MI 48085

I/WE CERTIFY THAT:

1. All information submitted is true and correct.
2. I/We have purchased or rented and occupied, or will purchase or rent and occupy, a replacement dwelling which is decent, safe, and sanitary within the standards prescribed by the Michigan Department of Transportation.
3. I/We have vacated or will vacate the state acquired property.
4. I/We have not submitted any other claim, or received reimbursement from any other source, for expenses itemized on this claim.
5. I/We agree if the amount of compensation is increased in an administrative settlement or condemnation action, the Housing Supplement shall be recalculated based upon the increased compensation award, and any overpayment in the Housing Supplement shall be deducted by the department from the final payment.
6. I/We are a legal resident of the United States.

DISPLACEE'S SIGNATURE Elizabeth Strichick	DATE 8/29/11	DISPLACEE'S SIGNATURE	DATE
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I/We certify that I/we have examined this claim and the substantiating documentation and have found it to conform to the applicable State and Federal laws and the operating procedures of the Michigan Department of Transportation.

RECOMMENDED BY: Patricia A. Petels	DATE 8/29/11	APPROVED BY: William Strichick	DATE 09/01/2011
CONTROL SECTION EDCF 63544	JOB NO. 56247C	PARCEL 44	NAME STRICHICK