



CITY COUNCIL AGENDA ITEM

Date: October 11, 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 *PAP*

Subject: Request for Approval of Robert Smith 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 ¼ of Section 2. City Council also previously approved a Relocation Claim from Ms. Strichick. The basement of this property was occupied by a long term guest, Robert Smith. After discussing Mr. Smith's eligibility for relocation benefits with the Local Public Agency Coordinator of the Michigan Department of Transportation Real Estate Division, he was issued a Relocation Eligibility Notice allowing him to claim moving costs of \$650 for one room based on a fixed rate schedule.

Recommendation

City Management recommends that City Council approve the attached Relocation Claim and authorize payment for reimbursement of moving expenses in the amount of \$650.

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
Robert Smith

ACQUIRED PROPERTY ADDRESS AND PHONE
6695 John R, Troy, MI 48085

REPLACEMENT PROPERTY ADDRESS AND PHONE

11545 HENSELL Rd
Holly mi. 48442-8550

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:

<input type="checkbox"/> If Tenant, 12 months after date of move	DATE 8/30/12
<input type="checkbox"/> If Secured Owner, 12 months after date of final payment	DATE _____
<input type="checkbox"/> If Unsecured Owner, 12 months after date of estimated just compensation deposit	DATE _____

MUST FILE CLAIM FOR PAYMENT BY:

<input type="checkbox"/> If Tenant, 18 months after date of move	DATE 3/1/13
<input type="checkbox"/> If Owner, 18 months after date of move or final payment, whichever is later	DATE _____

RELOCATION PAYMENTS

Replacement Housing Supplement	0
Incidental Closing Costs	0
Increased Interest Differential	0
Replacement Rental Supplement/Purchase Down Payment	0
Moving Expenses	\$ 650
AMOUNT DUE:	\$ 650

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:

- All information submitted is true and correct.
- 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.
- I/We have vacated or will vacate the state acquired property.
- I/We have not submitted any other claim, or received reimbursement from any other source, for expenses itemized on this claim.
- 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.
- I/We are a legal resident of the United States.

DISPLACEE'S SIGNATURE <i>Robert Smith</i>	DATE 9-2-11	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: <i>Patricia A. Pettito</i>	DATE 10/11/11	APPROVED BY: <i>Stacy Van Lette</i>	DATE 10/11/11
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CONTROL SECTION EDCF 63544	JOB NO. 56247C	PARCEL 44	NAME
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