



## CITY COUNCIL ACTION REPORT

March 9, 2010

TO: John Szerlag, City Manager

FROM: Mark F. Miller, Acting Assistant City Manager/Economic Development Services  
Steven J. Vandette, City Engineer  
Patricia A. Petitto, Real Estate Consultant, Greenstar & Associates, LLC

SUBJECT: Request for Approval of Munchiando Relocation Claim  
John R Road Improvement Project, Square Lake to South Boulevard  
Project No. 02.204.5 – Parcel 43 – Sidwell #88-20-02-279-002

### 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 6675 John R from James W. Munchiando and Elizabeth S. Munchiando. The Munchiandos moved to a new home in Oakland Township on January 28, 2010 and City Council previously approved a separate claim for their moving expenses.

### Financial Considerations:

- They are requesting to be reimbursed \$9,145 for Incidental Closing Costs related to their purchase of replacement housing.
- Eighty percent of these costs will be reimbursed from Federal funds. Funds for the City of Troy's share are included in the 2009-10 Major Road fund, account number 401479.7989.022045.

### Legal Considerations:

- In accordance with Michigan Laws and Federal Regulations, they are eligible to be reimbursed for all of the Incidental Closing Costs listed on the attached form.

### Policy Considerations:

- Troy has enhanced the health and safety of the community (Goal I)
- Troy adds value to properties through maintenance or upgrades of infrastructure and quality of life venues (Goal II)

# 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  
James W. Munchiando and Elizabeth S. Munchiando

ACQUIRED PROPERTY ADDRESS AND PHONE  
6675 John R  
Troy, MI 48085  
(248) 388-6240

REPLACEMENT PROPERTY ADDRESS AND PHONE  
1500 E. Predmore Road  
Oakland Township, MI 48363

### CONTROLLING DATES

DATE OF MOVE 1/28/10	DATE OF FINAL PAYMENT 10/28/09	DATE OF ESTIMATED JUST COMPENSATION DEPOSIT 7/31/08
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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 10/29/10
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 7/28/11

### RELOCATION PAYMENTS

Replacement Housing Supplement	_____
Incidental Closing Costs	9,145
Increased Interest Differential	_____
Replacement Rental Supplement/Purchase Down Payment	_____
Moving Expenses	PREVIOUSLY PAID
<b>AMOUNT DUE:</b>	<b>9,145</b>

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

### I/WE AGREE PAYMENT WILL BE SENT TO

1500 E. PREDMORE ROAD, OAKLAND TWP., MI 48363

### 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>James W. Munchiando</i>	DATE 3-5-10	DISPLACEE'S SIGNATURE <i>Elizabeth S. Munchiando</i>	DATE 3-5-10
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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. Petitto</i>	DATE 3-9-10	APPROVED BY: <i>William J. Stewart</i>	DATE 03/09/10
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CONTROL SECTION EDCF 63544	JOB NO. 56246C	PARCEL 43 2-279-002	NAME Munchiando
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**REPLACEMENT HOUSING SUPPLEMENT**

a) Listing price of comparable dwelling		c) Acquisition price of state acquired dwelling	
b) Sale price of replacement dwelling		d) Lower of "a" or "b" minus "c"	
			<b>AMOUNT DUE:</b>

**INCIDENTAL CLOSING COSTS**

Administrative fee		Mortgage Application fee	3,853.15
Appraisal fee	465.00	Mortgage Insurance*	
Assumption fee		Notary fee	25.00
Certification fee	400.00	Overnight fee	20.00
Closing and/or Escrow fee	100.00	Permits	
Credit Report	1.95	Processing fee	200.00
Discount Points*		Recording fee	157.00
Document Preparation fee		Survey fee	
Inspections	125.00	Tax Service fee	84.00
Legal fee		Title Insurance fee**	2,424.50
Loan Origination fee*		Underwriting fee	1,250.00
Mobile Home Title Transfer fee**		Other	14.00
Mobile Home Sales Tax **		Other	25.00

\* Limited to balance of existing mortgage    \*\* limited to listing price of highest comparable

**AMOUNT DUE: \$9,144.60**

**INCREASED INTEREST DIFFERENTIAL**

Current Mortgage Balance		New Mortgage Balance	
Current Mortgage Interest Rate		New Interest Rate	
Current Mortgage Payment		New Mortgage Term	
		Mortgage Points	
			<b>AMOUNT DUE:</b>

**REPLACEMENT RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT**

	PER MONTH	X 42 MONTHS	
a) Comparable rent + utilities			d) Rental Supplement (lower of "a" or "b" minus "c")
b) Replacement rent + utilities			e) Purchase Down Payment (greater of "d" or \$5,250)
c) Actual/Economic rent + utilities OR 30% of monthly income			<b>AMOUNT DUE:</b>

**SELF MOVE - FIXED COST**

# OF ROOMS	PAYMENT	# OF ROOMS OF PERSONAL PROPERTY	
1	\$650.00	Living Room	Pole Bam
2	\$900.00	Dining Room	Shed
3	\$1,100.00	Family Room	Attic
4	\$1,250.00	Bedrooms	Basement
5	\$1,400.00	Kitchen	Porch
6	\$1,550.00	Laundry	Garage
7	\$1,700.00	Den or Office	Other
8	\$1,850.00		<b>TOTAL</b>
Each Add. Room	\$300.00		<b>AMOUNT DUE:</b>

**SELF MOVE - ACTUAL COST (supported by receipts)**

Equipment cost		Hourly labor rate (capped at industry labor rate)	
Supply cost			<b>AMOUNT DUE:</b>

**COMMERCIAL MOVE**

Moving company invoice		<b>AMOUNT DUE:</b> PREVIOUSLY PAID
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**STORAGE COSTS**

Monthly storage rate		X number of months (limited 12)	
			<b>AMOUNT DUE:</b>