

April 5, 2005

TO: John Szerlag, City Manager

FROM: Brian P. Murphy, Assistant City Manager/Services  
Douglas J. Smith, Real Estate & Development Director

RE: Agenda Item – Request for Approval of Relocation Claim, Barbara A. Stimac, 2827 Thames, Sidwell # 88-20-25-226-004  
Project No. 01.105.5 – Big Beaver Road Improvements, Rochester to Dequindre

As part of the proposed Big Beaver Road Widening Project – Rochester to Dequindre, City Council previously authorized the purchase of the property at 2827 Thames from the Barbara A. Stimac Revocable Trust. The closing was held on November 16, 2004. Mrs. Stimac has found a replacement dwelling on Axtell Road in Troy, Michigan.

In accordance with Michigan Laws and Federal Regulations, Mrs. Stimac is eligible for reimbursement of moving and incidental costs associated with her move. Mrs. Stimac chose a self-move and is making a claim for a fixed moving payment in the amount of \$1,800. She has also made a claim for allowed incidental closing costs associated with the acquisition of her new dwelling.

Mrs. Stimac has filed the attached Relocation Claim and supplied the needed documentation to justify the payment. In order for the City to proceed with the proposed project, staff requests that City Council approve the attached Relocation Claim from Barbara A. Stimac in the amount of \$2,245.00, and authorize payment. Funds will come from the Big Beaver Road – Rochester to Dequindre project.

# RELOCATION CLAIM RESIDENTIAL

Michigan Department  
of Transportation  
0679 (01/03)

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

CLAIMANT'S NAME: <u>Barbara A. Stimac</u>	
MAILING ADDRESS: <u>2827 Thames, Troy, MI 48083</u>	
ACQUIRED PROPERTY ADDRESS AND PHONE: <u>2827 Thames, Troy, MI 48083</u>	REPLACEMENT PROPERTY ADDRESS AND PHONE: <u>Axtell, Troy, MI 48084</u>

### CONTROLLING DATES

Date occupied state acquired property: <u>1967</u>	Date of first written offer: <u>7-30-04</u>	Date of move: <u>12/13/04</u>
Date of move: _____	Date of final payment: <u>11/16/04</u>	Date of estimated just compensation deposit: _____

### 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: <u>11/16/05</u>
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: <u>05/16/06</u>

Listed below are relocation payments claimed in accordance with Act 31, PA 1970 as amended. For further information, please refer to the booklet "Your Rights and Benefits When Displaced by a Transportation Project".

Replacement Housing Supplement	\$0.00
Incidental Closing Costs	\$445.00
Increased Interest Differential	\$0.00
Replacement Rental Supplement (Installment # _____)	\$0.00
Purchase Down Payment	\$0.00
Moving - Fixed or Actual	\$1,800.00
<b>AMOUNT DUE:</b>	<b>\$ 2,245.00</b>

I/We agree payment will be sent to:

I/We Certify that:

1. All information submitted is true and correct.
2. I/We have purchased and occupied, or will purchase 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 deposited is increased in an administrative settlement or condemnation action, the replacement 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 am/are a legal resident of the United States

<u>Barbara A. Stimac</u>	<u>3/31/05</u>		
Claimant's Signature	Date	Claimant's Signature	Date

I certify that I 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: <u>[Signature]</u>	DATE: <u>3-31-05</u>
APPROVED BY: <u>Patricia A. Powell</u>	DATE: <u>4-5-05</u>

REMARKS:

CONTROL SECTION STU 63459	PARCEL #6 / 88-20-25-226-004	NAME Barbara A. Stimac Revocable Trust
JOB NUMBER 49878	FED ITEM NUMBER HH2855	FED PROJ NUMBER STP 0163 (039) 01.105.5

**REPLACEMENT HOUSING SUPPLEMENT**

a) Price of comparable dwelling:		d) Lower of "a" or "b" minus "c":	
b) Price of replacement dwelling:			
c) Price of state acquired dwelling:		<b>AMOUNT DUE:</b>	\$ <u>      </u>

**INCIDENTAL CLOSING COSTS**

If there is no existing mortgage on the state acquired property, most of these costs are ineligible. Closing costs for tenants must be deducted from their total Purchase Down Payment amount.

Appraisal		Mobile Home Title Transfer	
Assumption Fee		Mobile Home Sales Tax	
Commencement Notice		Mortgage Application Fee	
Closing and/or Escrow	\$150.00	Mortgage Insurance (limited to balance of existing mortgage)	
Credit Report		Mortgage Title Insurance (limited to value of comparable)	
Discount Points (limited to balance of existing mortgage if not paid in Increased Interest Differential)		Notary Fee	
Document Preparation Fee	\$270.00	Recording	\$25.00
Inspections		Survey	
Legal		Tax Service Fee	
Loan Origination Fee (limited to balance of existing mortgage if not paid in Increased Interest Differential)		Other	
<b>AMOUNT DUE:</b>			\$445.00

**INCREASED INTEREST DIFFERENTIAL**

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

**REPLACEMENT RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT**

	RENT	UTILITIES	TOTAL	X 42 MONTHS	(e) Lower of "a" or "b":
(a) Comparable					(f) Lower of "c" or "d":
(b) Replacement					(g) Rental Supplement ("e" minus "f"):
(c) Displacement					(h) Installments: (1) \$ _____ (2) \$ _____ (3) \$ _____
(d) Income	Yearly	Monthly	X 30%	X 42 MONTHS	(i) Purchase Down Payment (larger of "g" or \$5250.00):
					(j) Payment previously claimed:
<b>AMOUNT DUE:</b>					\$ <u>      </u>

**FIXED MOVING PAYMENT**

NO. OF ROOMS OF FURNITURE	PAYMENT	CLAIMANT OWNS NO FURNITURE BUT MOVES PERSONAL PROPERTY:		NO. OF ROOMS IN DWELLING PLEASE CHECK ALL THAT APPLY	
		NO. OF ROOMS	PAYMENT	<input checked="" type="checkbox"/> Living Room	<input type="checkbox"/> Den or Office
1	\$425.00	1 EACH ADDITIONAL ROOM \$100.00	\$375.00	<input checked="" type="checkbox"/> Dining Room	<input checked="" type="checkbox"/> Laundry
2	625.00			<input checked="" type="checkbox"/> Family Room	<input type="checkbox"/> Attic
3	825.00			<input checked="" type="checkbox"/> Kitchen	<input checked="" type="checkbox"/> Basement
4	900.00			<input checked="" type="checkbox"/> Bedroom	<input type="checkbox"/> Porch
5	1,025.00			<input checked="" type="checkbox"/> Bedroom	<input checked="" type="checkbox"/> Garage
6	1,150.00			<input checked="" type="checkbox"/> Bedroom	<input type="checkbox"/> Other _____
7	1,300.00			<input type="checkbox"/> Bedroom	
8	1,400.00				
Each Additional Room	200.00	OCCUPANT OF DORMITORY-STYLE ROOM: PAYMENT \$50.00		10 TOTAL ROOMS	
<b>DATE MOVE VERIFIED</b>				<b>AMOUNT DUE:</b>	\$ 1,800.00

**ACTUAL MOVING PAYMENT**

Actual Moving Cost (per moving company bill or estimate)	
Monthly storage rate \$	X number of months (limit 12)
<b>AMOUNT DUE:</b> \$ <u>      </u>	