

Sent \_\_\_\_\_  
Received \_\_\_\_\_  
Reviewed \_\_\_\_\_

## Relocation Assistance Program

### WRAP Checklist

1. **Name of Agency or Municipality** \_\_\_\_\_

2. **Name of Contact Person** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**FAX** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

3. **Displacement Period**            /   /            to        /   /

4. **Reason for Displacement**         Acquisition/ Capital Project  
   Code Enforcement

5. **Address(es) provided of buildings affected?**         Yes  
   No

6. **Number of People Being Displaced**        **Individuals** \_\_\_\_\_  
  **Families**        \_\_\_\_\_

7. **Number of Businesses Being Displaced**        **Businesses** \_\_\_\_\_

8. **Does the WRAP determine the extent of the need of the displacees?**     Yes  
   No

Comments: \_\_\_\_\_

9. **Does the WRAP identify available replacement housing?**         Yes  
   No

Comments: \_\_\_\_\_



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16. Are State funds requested?       Yes       No

17. Estimated amount of assistance requested (if applicable)      \$ \_\_\_\_\_

18. Original signatures on application?       Yes       No

**Other comments:**

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