



500 West Big Beaver
Troy, MI 48084
troymi.gov



CITY COUNCIL AGENDA ITEM

Date: January 25, 2024

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Deputy City Manager
Megan E. Schubert, Assistant City Manager
Robert Maleszyk, Chief Financial Officer
Dee Anne Irby, Controller
G. Scott Finlay, City Engineer
Larysa Figol, Sr. Right-of-Way Representative

Subject: Request to Approve Payment of a Relocation Claim, Rochester Road, Barclay to Trinway, Project #02.206.5 - Parcel #121 - Sidwell #88-20-10-427-043

History

As part of the proposed Rochester Road Improvement Project, Barclay to Trinway, City Council previously authorized the purchase of the property at 5371 Rochester Road from Dorothy Elizabeth Clendening and Brooklyn Paige Clendening (Resolution #2023-08-122-J-10). The property is located on Rochester Road, south of Sylvanwood in the southeast $\frac{1}{4}$ of Section 10.

One of the owners, Dorothy Clendening, has found replacement housing and staff have assisted her relocation. Her replacement housing meets decent, safe and sanitary requirements as required and allowed by Federal Regulations (49 CFR 24.404 (c)(ii)). In accordance with Federal and Michigan Regulations, owners displaced from their primary residence are eligible for actual reasonable moving expenses related to their moves. Ms. Dorothy Clendening opted for a self-move, thus is eligible for a fixed residential moving cost based on a schedule published in the Federal Register/Notices.

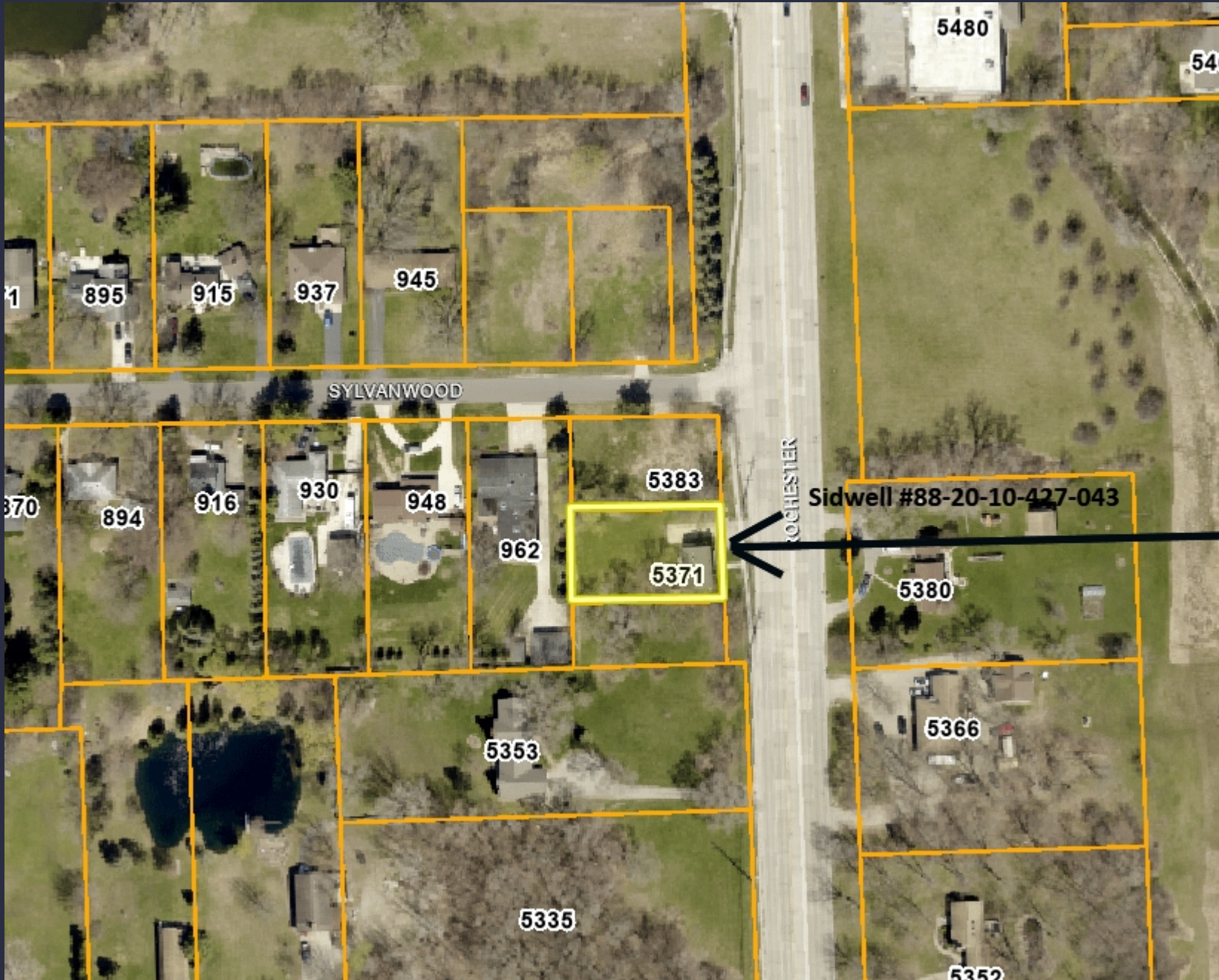
Staff has reviewed all receipts and quotes and determined that Dorothy Elizabeth Clendening has filed a relocation claim and is eligible for reimbursement of closing and moving costs in the amount of \$3,844.94.

Financial

Eighty percent of the relocation claim will be reimbursed from Federal Funds. The City of Troy share is available in the 2024 Capital Projects Fund, Account #401.449.202.989.022065-Public Works Construction Rochester from Barclay to Trinway.

Recommendation

Staff recommends that City Council approve payment of the relocation claim submitted by Dorothy Elizabeth Clendening in the amount of \$3,844.94 as dictated by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The Federal Regulatory Reference is 49 CFR Part 24.



Notes:
#88-20-10-427-043
Clendening
Purchase Agreement



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 DOROTHY ELIZABETH CLENDENING	
ACQUIRED PROPERTY ADDRESS AND PHONE 5371 ROCHESTER ROAD TROY, MI 48085	REPLACEMENT PROPERTY ADDRESS AND PHONE [REDACTED]

CONTROLLING DATES

DATE OF MOVE 11/26/2023	DATE OF FINAL PAYMENT 9/29/2023	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 9/29/2024
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 3/29/2025

RELOCATION PAYMENTS

Replacement Housing Supplement	
Incidental Closing Costs	\$2,569.94
Increased Interest Differential	
Replacement Rental Supplement/Purchase Down Payment	
Moving Expenses	\$1,275.00
AMOUNT DUE:	\$3,844.94

MOVE VERIFIED BY AGENCY

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 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/FHWA.
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 [Signature]	DATE 10/27/23	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 City of Troy.

RECOMMENDED BY: Patricia A. Pettit	DATE 1/25/24	APPROVED BY: [Signature]	DATE 1-25-24
AGENCY	JOB NO. 02.206.5	PARCEL 121	NAME DOROTHY ELIZABETH CLENDENING

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"	
			AMOUNT DUE:
			- 0 -

INCIDENTAL CLOSING COSTS

Administrative fee		Mortgage Application fee	
Appraisal fee		Mortgage Insurance*	
Assumption fee		Notary fee	
Certification fee		Overnight fee	
Closing and/or Escrow fee	300	Permits	
Credit Report		Processing fee	
Discount Points*		Recording fee	
Document Preparation fee		Survey fee	
Inspections	50 + 330	Tax Service fee	
Legal fee		Title Insurance fee**	
Loan Origination fee*		Underwriting fee	
Mobile Home Title Transfer fee**	90	Other	
Mobile Home Sales Tax **	1799.94	Other	
* Limited to balance of existing mortgage		** limited to listing price of highest comparable	
			AMOUNT DUE:
			\$2,569.94

INCREASED INTEREST DIFFERENTIAL

Current Mortgage Balance		New Mortgage Balance	
Current Mortgage Interest Rate		New Interest Rate	
Current Mortgage Payment		New Mortgage Term	
		Mortgage Points	
			AMOUNT DUE:
			- 0 -

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 \$7,200)
c) Actual/Economic rent + utilities OR 30% of monthly income			AMOUNT DUE:
			- 0 -

SELF MOVE - FIXED COST

# OF ROOMS	PAYMENT	# OF ROOMS OF PERSONAL PROPERTY	
1	\$750.00	<input checked="" type="checkbox"/> Living Room	<input type="checkbox"/> Pole Barn
2	\$1000.00	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Shed
3	\$1,200.00	<input type="checkbox"/> Family Room	<input checked="" type="checkbox"/> Attic
4	\$1,350.00	<input checked="" type="checkbox"/> 5 Bedrooms	<input type="checkbox"/> Basement
5	\$1,500.00	<input checked="" type="checkbox"/> Kitchen	<input type="checkbox"/> Porch
6	\$1,650.00	<input checked="" type="checkbox"/> Laundry	<input type="checkbox"/> Garage
7	\$1,800.00	<input type="checkbox"/> Den or Office	<input type="checkbox"/> Other
8	\$1,950.00	SITTING AREA	
Each Add. Room	\$300.00	50% OF \$2,550 TOTAL	
			AMOUNT DUE:
			\$1,275

SELF MOVE - ACTUAL COST (supported by receipts)

Equipment cost		Hourly labor rate (capped at industry labor rate)	
Supply cost		AMOUNT DUE:	

COMMERCIAL MOVE

Moving company invoice	AMOUNT DUE:
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STORAGE COSTS

Monthly storage rate	X number of months (limited 12)	AMOUNT DUE:
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