

Relocation Assistance Payment Request

ECONOMIC DISPLACEMENT RELOCATION ASSISTANCE ORDINANCE (SEATTLE MUNICIPAL CODE
CHAPTER 22.212)

SDCI Use Only:

Please return to:
EDRA Coordinator
700 Fifth Avenue, Suite #2000
P.O. Box 34019
Seattle, Washington 98124-4019

I have been notified that my household is eligible to receive EDRA assistance for the rental unit at:

ADDRESS	UNIT	TELEPHONE NUMBER

I hereby request payment under the EDRA Ordinance. The relocation assistance check should be made payable to:

HOUSEHOLD REPRESENTATIVE (PRINT NAME)

I hereby acknowledge as household representative, the requirement to move out of the rental unit as stated in application for assistance and the written notice provided to the landlord.

**I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON,
THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Household Representative Signature	Date

FOR SDCI USE ONLY: I have determined this tenant household is eligible for relocation assistance under EDRA:		Amount of Relocation Assistance: _____
Staff: _____	Date: _____	Voucher: Case No. _____

For the tenant, upon picking up the check: I acknowledge receipt of a relocation assistance payment from the City of Seattle:	
Signature: _____	Date: _____