

RESIDENTIAL TENANT NOT DISPLACED

Applicant/Owner Letterhead

(date)

Dear _____:

(City, County, State, Public Housing Authority (PHA), other) _____, is interested in rehabilitating the property you currently occupy at _____ (address) _____ for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program.

The purpose of this notice is to inform you that you will not be displaced in connection with the proposed project.

If the project application is approved and federal financial assistance provided, you may be required to move temporarily so that the rehabilitation can be completed. If you must move temporarily, suitable housing will be made available to you and you will be reimbursed for all reasonable out of pocket expenses, including moving costs and any increase in housing costs. You will need to continue to pay your rent and comply with all other lease terms and conditions.

Upon completion of the rehabilitation, you will be able to lease and occupy your present apartment or another suitable, decent, safe and sanitary apartment in the same building/complex under reasonable terms and conditions. *

If federal financial assistance is provided for the proposed project, you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). One of the URA protections for persons temporarily relocated is that such relocations shall not extend beyond one year. If the temporary relocation lasts more than one year, you will be contacted and offered all permanent relocation assistance as a displaced person under the URA. This assistance would be in addition to any assistance you may receive in connection with temporary relocation and will not be reduced by the amount of any temporary relocation assistance previously provided. You will also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

We urge you not to move at this time. If you choose to move, you will not be provided relocation assistance.

Please remember:

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

You will be contacted soon so that we can provide you with more information about the proposed project. If the project is approved, we will make every effort to accommodate your needs. In the meantime, if you have any questions about our plans, please contact:

(name) _____, (title) _____,
(address) _____, (phone) _____.

Sincerely,

(name and title) _____

Enclosure

=====NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
2. This is a guideform. It should be revised to reflect the circumstances.

* *Based on the applicable HUD program regulations, if “reasonable terms and conditions,” are defined, one of the following statements or other language may also be required in this Notice:*

- a. *Under HOME at 24 CFR 92.353(c)(2)(C)(1):* “Your new lease will be for a term of not less than one year at a monthly rent will remain the same or, if increased, your new monthly rent and estimated average utility costs will not exceed: 1) If you are low income, the total tenant payment as defined by HUD (*under 24 CFR 5.628*), or (2) 30% of the monthly gross household income, if you are not low income.”
- b. *Under CDBG at 24 CFR 570.606(b)(2)(D)(1):* “Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the household’s average monthly gross income.”
- c. *Under Section 221 Mortgage Insurance Programs under 24 CFR 221.795(i):* “Your monthly rent and estimated average utility costs will not exceed the amount approved by HUD.”

GUIDEFORM GENERAL INFORMATION NOTICE
NONRESIDENTIAL TENANT NOT DISPLACED

Applicant/Owner Letterhead

(date)

Dear _____:

____ (City, County, State, Public Housing Authority (PHA), other) _____, is interested in rehabilitating the property you currently occupy at _____ (address) _____ for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program.

The purpose of this notice is to inform you that you will not be displaced in connection with the proposed project.

If the project application is approved and federal financial assistance provided, you may be required to move temporarily so that the rehabilitation can be completed.

If federal financial assistance is provided for the proposed project, you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). One of the URA protections for nonresidential tenants (businesses, non-profit organizations, or farms) temporarily relocated is that if your operation will be shut down for any length of time due to the rehabilitation project, at our option, you may be: 1) Temporarily relocated and reimbursed for all reasonable out of pocket expenses; *or* 2) determined to be displaced and eligible for relocation assistance and payments as a displaced person under the URA.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

We urge you not to move at this time. If you choose to move, you will not be provided relocation assistance.

Please remember:

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

You will be contacted soon so that we can provide you with more information about the proposed project. If the project is approved, we will make every effort to accommodate your needs. In the meantime, if you have any questions about our plans, please contact:

(name)_____, (title)_____,
(address)_____, (phone)_____.

Sincerely,

(name and title)_____

Enclosure

=====NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
3. This is a guideform. It should be revised to reflect the circumstances.

GUIDEFORM GENERAL INFORMATION NOTICE
RESIDENTIAL TENANT TO BE DISPLACED

Applicant/Owner Letterhead

(date)

Dear _____:

_____ (City, County, State, Public Housing Authority (PHA), other) _____, is interested in (acquiring, rehabilitating, demolishing) _____ the property you currently occupy at (address) _____ for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program.

The purpose of this notice is to inform you that you may be displaced as a result of the proposed project. This notice also serves to inform you of your potential rights as a displaced person under a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). You may be eligible for relocation assistance and payments under the URA, if the proposed project receives HUD funding and if you are displaced as a result of acquisition, rehabilitation or demolition for the project.

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

If you are determined to be eligible for relocation assistance in the future, you may be eligible for: 1) Relocation advisory services including help to you find another place to live; 2) At least 90 days advance written notice of the date you will be required to move; 3) Payment for your moving expenses; and 4) Replacement housing payments to enable you to rent, or if you prefer to purchase, a comparable replacement home. You will also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered. The enclosed HUD brochure, "Relocation Assistance To Tenants Displaced From Their Homes" provides an explanation of this assistance and other helpful information.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

Please be advised that you should continue to pay your rent and meet any other obligations as specified in your lease agreement. Failure to do so may be cause for eviction. If you choose to move or if you are evicted prior to receiving a formal notice of relocation eligibility you will not be eligible to receive relocation assistance. It is important for you to contact us before making any moving plans.

Again, this is not a notice to vacate the premises and does not establish your eligibility for relocation payments or assistance at this time. If you are determined to be displaced and are required to vacate the premises in the future, you will be informed in writing. In the event the proposed project does not proceed or if you are determined not to be displaced, you will also be notified in writing.

If you have any questions about this notice or the proposed project, please contact
(name) _____, (title) _____,
(address) _____, (phone) _____.

Sincerely,

(name and title) _____

Enclosure

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1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
2. This is a guideform. It should be revised to reflect the circumstances.
3. Optional paragraphs for displaced residents of public housing projects (may be modified based on the PHA's resident return policy):

“Even though you will be provided all of the assistance the URA requires for a permanent move, the Authority believes that every resident displaced from the site should have the right to reapply for occupancy once this project is complete. For this reason, after project completion, every resident who receives assistance as a “displaced person” will be contacted and offered an opportunity to reapply for occupancy in the newly-revitalized community. Furthermore, because you will be a former occupant who was “displaced” from the site, you will also receive a priority preference to return.

In the event the number of those who request to return and qualify for housing exceeds the number of units available, rating and ranking criteria will be used to identify those who will be offered a unit at the site until all available units are filled. If you do return, the Authority may help defray the costs of the return move. If you have Replacement Housing Payments not yet spent or obligated, you may be asked to forfeit these payments as a condition for returning to public housing, since this assistance will no longer be necessary to meet your housing needs. Such assistance, if not forfeited, must be considered as income and may affect your eligibility and rent.”

GUIDEFORM GENERAL INFORMATION NOTICE
NONRESIDENTIAL TENANT TO BE DISPLACED

Applicant/Owner Letterhead

(date)

Dear _____:

(City, County, State, Public Housing Authority (PHA), other) _____, is interested in
(acquiring, rehabilitating, demolishing) _____ the property you currently occupy at
(address) _____ for a proposed project which may receive funding assistance from the U.S.
Department of Housing and Urban Development (HUD) under the
_____ program.

The purpose of this notice is to inform you that your (*business, nonprofit organization or farm*) may be displaced as a result of the proposed project. This notice also serves to inform you of your potential rights as a displaced person under a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). You may be eligible for relocation assistance and payments under the URA if the proposed project receives HUD funding assistance and if you are displaced as a result of acquisition, rehabilitation or demolition for the project.

- **This is not a notice to vacate the premises.**
- **This is not a notice of relocation eligibility.**

If you are determined to be eligible for relocation assistance in the future, you may be eligible for: 1) Relocation advisory services including help to find you a replacement location; 2) At least 90 days advance written notice of the date you will be required to move; 3) Payment for your moving and reestablishment expenses. You also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered. The enclosed HUD brochure, "Relocation Assistance To Displaced Businesses, Nonprofit Organizations, and Farms" provides an explanation of this assistance and other helpful information.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

Please be advised that you should continue to pay your rent and meet any other obligations as specified in your lease agreement. Failure to do so may be cause for eviction. If you choose to move or if you are evicted prior to receiving a formal notice of relocation eligibility you will not be eligible to receive relocation assistance. It is important for you to contact us before making any moving plans.

Again, this is not a notice to vacate the premises and does not establish your eligibility for relocation payments or assistance at this time. If you are determined to be displaced and are required to vacate the premises in the future, you will be informed in writing. In the event the proposed project does not proceed or if you are determined not to be displaced, you will also be notified in writing.

If you have any questions about this notice or the proposed project, please contact
(name) _____, (title) _____,
(address) _____, (phone) _____.

Sincerely,

(name and title) _____

Enclosure

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1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
2. This is a guide form. It should be revised to reflect the circumstances.

**MOVE-IN NOTICE
(GUIDEFORM NOTICE TO PROSPECTIVE TENANT)**

Applicant/Owner Letterhead

(date)

Dear _____:

On (date) , (property owner) submitted an application to the (Grantee) for financial assistance under a program funded by the Department of Housing and Urban Development (HUD). The proposed project involves [acquisition] [rehabilitation] [demolition] and/or [conversion] of the property located at (address) . Because Federal funds are planned for use in this project, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA) [and/or section 104(d) of the Housing and Community Development Act of 1974, as amended] may apply to persons in occupancy at the time the application was submitted for HUD funding. However, if you choose to occupy this property subsequent to the application for federal financial assistance, as a new tenant you will not be eligible for relocation payments or assistance under the URA [and/or section 104(d)].

This notice is to inform you of the following information **before you enter into any lease agreement and/or occupy the property located at the above address:**

- ◆ You may be displaced by the project.
- ◆ You may be required to relocate temporarily.
- ◆ You may be subject to a rent increase.
- ◆ You will not be entitled to any relocation payments or assistance provided under the URA [and/or section 104(d)]. If you have to move or your rent is increased as a result of the above project, you will not be reimbursed for any such rent increase or for any costs or expenses you incur in connection with a move as a result of the project.

Please read this notification carefully prior to signing a rental agreement and moving into the project. If you should have any questions about this notice, please contact (Grantee) at (address and telephone number) . Once you have read and have understood this notice, please sign the statement below if you still desire to lease the unit.

Sincerely,

GUIDEFORM NOTICE OF NONDISPLACEMENT
TO RESIDENTIAL TENANT

Applicant/Owner Letterhead

(date)

Dear _____:

On ___(date)___, the ___(City, County, State, Public Housing Authority (PHA), other)___, notified you of proposed plans to rehabilitate the property you currently occupy at ___(address)___ for a project which could receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program. On ___(date)___, the project was approved and will receive federal funding. Repairs will begin soon.

- **This is a notice of nondisplacement.** You will not be required to move permanently as result of the rehabilitation.

This notice guarantees you the following:

1. Upon completion of the rehabilitation, you will be able to lease and occupy your present apartment or another suitable, decent, safe and sanitary apartment in the same building/complex under reasonable terms and conditions. *
2. If you must move temporarily so that the rehabilitation can be completed, you will be reimbursed for all of your extra expenses, including the cost of moving to and from temporary housing and any increased interim housing costs. The temporary unit will be decent, safe and sanitary, and all other conditions of the temporary move will be reasonable.

Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge you not to move. (If you do elect to move for your own reasons, you will not receive any relocation assistance.) We will make every effort to accommodate your needs. Because federal funding is involved in this project, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. Of course, you must continue to comply with the terms and conditions of your lease.

If you have any questions, please contact ___(name)___, at ___(phone)___, _____(address)_____. This letter is important to you and should be retained.

Sincerely,
_____(name and title)_____.

NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)

3. This is a guideform. It should be revised to reflect the circumstances.

* *Based on the applicable HUD program regulations, if “reasonable terms and conditions,” are defined, one of the following statements or other language may also be required in this Notice:*

- a. *Under HOME at 24 CFR 92.353(c)(2)(C)(1): “Your new lease will be for a term of not less than one year at a monthly rent will remain the same or, if increased, your new monthly rent and estimated average utility costs will not exceed: 1) if you are low income, the total tenant payment as defined by HUD (under 24 CFR 5.628), or (2) 30% of the monthly gross household income, if you are not low income.”*
- b. *Under CDBG at 24 CFR 570.606(b)(2)(D)(1): “Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the household’s average monthly gross income.”*
- c. *Under Section 221 Mortgage Insurance Programs at 24 CFR 221.795(i): “Your monthly rent and estimated average utility costs will not exceed the amount approved by HUD.”*

GUIDEFORM NOTICE OF ELIGIBILITY FOR
URA RELOCATION ASSISTANCE
RESIDENTIAL TENANT

Applicant/Owner Letterhead

(date)

Dear _____:

On _____ (date), the _____ (City, County, State, Public Housing Authority (PHA), other), notified you of proposed plans to _____ (acquire, rehabilitate, or demolish) _____ the property you currently occupy at _____ (address) _____ for a project which could receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program. On _____ (date), the project was approved and will receive federal funding.

It has been determined that you will be displaced by the project. Since you are being displaced in connection with this federally funded project, you will be eligible for relocation assistance and payments under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).

- **This is your Notice of Eligibility for relocation assistance**
- **The effective date of your eligibility is _____.** (*Insert date of Initiation of Negotiations, see 49 CFR 24.1(a)(15) or applicable HUD program regulations*)

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

To carry out the project, it will be necessary for you to move. However, **you do not need to move now.** You will be provided written notice of the date by which you will be required to move. This date will be no less than 90 days from the date comparable replacement housing has been made available to you.

Enclosed is a brochure entitled, "Relocation Assistance to Tenants Displaced From Their Homes." Please read the brochure carefully. It explains your rights and provides additional information on eligibility for relocation payments and what you must do in order to receive these payments.

The relocation assistance to which you are entitled includes:

Relocation Advisory Services. Including counseling and other assistance to help you find another home and prepare to move.

Payment for Moving Expenses. You may choose: (1) a payment for your actual reasonable moving and related expenses, or (2) a fixed moving payment in the amount of \$_____ based on the URA Fixed Residential Moving Cost Schedule, or (3) a combination of both.

Replacement Housing Payment. You may be eligible for a replacement housing payment to rent or buy a replacement home. The payment is based on several factors including: (1) the monthly rent and cost of utility services for a comparable replacement dwelling, (2) the monthly rent and cost of utility services for your present home, and (3) for low-income persons, 30 percent of your average monthly gross household income. This payment is calculated on the difference in the old and new housing costs for a one-month period and multiplied by 42.

Listed below are three comparable replacement dwellings that you may wish to consider for your replacement home. If you would like, we can arrange transportation for you to inspect these and other replacement dwellings.

	Address	Rent & Utility Costs	Contact Info
1.	_____		
2.	_____		
3.	_____		

We believe that the dwelling located at _____ (address) is the most representative of your present home. The monthly rent and the estimated average monthly cost of utilities for this dwelling is \$_____ and it will be used to calculate your maximum replacement housing payment. Please contact us immediately if you believe this dwelling is not comparable to your current home. We can explain our basis for selecting this dwelling as most representative of your current home and discuss your concerns.

Based on the information you have provided about your income and the rent and utilities you now pay, you may be eligible for a maximum replacement housing payment of approximately \$_____ (42 x \$____), if you rent the dwelling identified above as the most comparable to your current home or rent another dwelling of equal cost.

Replacement housing payments are not adjusted to reflect future rent increases or changes in income. This is the maximum amount that you would be eligible to receive. If you rent a decent, safe and sanitary home where the monthly rent and average estimated utility costs are less than the comparable dwelling, your replacement housing payment will be based on the actual cost of the dwelling. We will not base your payment on any dwelling that is not a comparable replacement home. All replacement housing payments must be paid in installments. Your payment will be paid in # installments.

Should you choose to purchase (rather than rent) a decent, safe and sanitary replacement home, you would be eligible for a down payment assistance payment which is equal to your maximum replacement

housing payment, \$_____***. Let us know if you are interested in purchasing a replacement home and we will help you locate such housing.**

Please note that all replacement housing must be inspected in order to ensure it is decent, safe and sanitary before any replacement housing payments are made.

If you have any questions about this letter and your eligibility for relocation assistance and payments, please contact _____ (*name*), _____ (*title*) at _____ (*phone*), _____ (*address*) before you make any moving plans. He/she will assist you with your move to a new home and help ensure that you preserve your eligibility for all relocation payments to which you may be entitled.

Remember, do not move or commit to the purchase or lease of a replacement home before we have a chance to further discuss your eligibility for relocation assistance. This letter is important to you and should be retained.

Sincerely,

(name & title)

Enclosure/s

NOTES.

- * At the agency's discretion, a down payment assistance payment that is less than \$5,250 may be increased to any amount not to exceed \$5,250. (See 49 CFR 24.402(c)(1))
- 1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
- 2. This is a guide form. It should be revised to reflect the circumstances.
- 3. Optional paragraphs for displaced residents of public housing projects (may be modified based on the PHA's resident return policy):

“Even though you will be provided all of the assistance the URA requires for a permanent move, the Authority believes that every resident displaced from the site should have the right to reapply for occupancy once this project is complete. For this reason, after project completion, every resident who receives assistance as a “displaced person” will be contacted and offered an opportunity to reapply for occupancy in the newly-revitalized community. Furthermore, because you will be a former occupant who was “displaced” from the site, you will also receive a priority preference to return..

In the event the number of those who request to return and qualify for housing exceeds the number of units available, rating and ranking criteria will be used to identify those who will be offered a unit at the site until all available units are filled. If you do return, the Authority may help defray the costs of the return move. If you have Replacement Housing Payments not yet spent or obligated, you may be asked to forfeit these payments as a condition for returning to public housing, since this assistance will no longer be necessary to meet your housing needs. Such assistance, if not forfeited, must be considered as income and may affect your eligibility and rent.”

payment for your actual reasonable and necessary moving and reestablishment expenses. The fixed moving payment ranges from a minimum of \$1,000 to a maximum of \$20,000 depending on a number of factors.

If you have any questions about this letter and your eligibility for relocation assistance and payments, please contact _____ (*name*), _____ (*title*) at _____ (*phone*), _____ (*address*) _____.

Remember, do not move or commit to the purchase or lease of a replacement location before we have a chance to further discuss your eligibility for relocation assistance. This letter is important to you and should be retained.

Sincerely,

_____ (*name and title*)

Enclosure/s

NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
3. This is a guide form. It should be revised to reflect the circumstances.

SURNAME, GIVEN NAME(S)/SSN(S)	RELA- TION- SHIP	SEX	AGE	OCCUPATIO N	SOURCE OF INCOME				GROSS MONTHLY INCOME	NAME OF EMPLOYER AND TELEPHONE NUMBER
					EMP.	WELF.	PENS.	OTHER (IDENTIFY)		
									\$	
					TOTAL GROSS MONTHLY INCOME: \$					
SPECIAL CHARACTERISTICS OF HOUSEHOLD (E.G., DISABLED, ELDERLY, ETC.)		REHOUSING PREFERENCES: <input type="checkbox"/> PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED HOUSING <input type="checkbox"/> NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: _____ _____ PETS, GARAGE, ETC.: _____ _____							REHOUSING REQUIREMENTS: NO. OF ROOMS _____ NO. OF BEDROOMS _____ MAX. MONTHLY HOUSING COSTS \$ _____ MAX. PURCHASE PRICE \$ _____	

<u>Site Occupant Record - Residential</u>		Project Name: _____
<u>LOCALITY/AGENCY</u>		Project #: _____
Date of Initial Interview: _____ Interviewer: _____		Relocation Case #: _____
		Acquisition Parcel #: _____
NAME OF OCCUPANT _____ ADDRESS _____ TELEPHONE NUMBER _____ CENSUS TRACT _____	CHECK: <input type="checkbox"/> FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	
<u>IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OCCUPANT FIRST OCCUPIED THIS DWELLING _____	DATE OF GENERAL INFORMATION NOTICE _____ <u>EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE</u> _____ DATE PRIVACY ACT STATEMENT EXECUTED _____ (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)	
<u>RACIAL/ETHNIC CLASSIFICATION</u>	<u>HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING</u>	
(CHECK ALL THAT APPLY) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE <input type="checkbox"/> ASIAN AND WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL	TENANT: MONTHLY CONTRACT RENT \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ MONTHLY HOUSING COSTS \$ _____	OWNER: MONTHLY MORTGAGE PAYMENT (P&I) \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ REAL PROPERTY TAXES \$ _____ MONTHLY HOUSING COSTS \$ _____
	NO. OF ROOMS _____ NO. OF BEDROOMS _____ UNIT IS: <input type="checkbox"/> HOUSEKEEPING <input type="checkbox"/> NONHOUSEKEEPING	

SURNAME, GIVEN NAME(S)/SSN(S)	RELA- TION- SHIP	SEX	AGE	OCCUPATION	SOURCE OF INCOME				GROSS MONTHLY INCOME	NAME OF EMPLOYER AND TELEPHONE NUMBER
					EMP.	WELF.	PENS.	OTHER (IDENTIFY)		
									\$	
					TOTAL GROSS MONTHLY INCOME: \$					
SPECIAL CHARACTERISTICS OF HOUSEHOLD (E.G., DISABLED, ELDERLY, ETC.)	REHOUSING PREFERENCES: <input type="checkbox"/> PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED HOUSING <input type="checkbox"/> NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: _____ _____									REHOUSING REQUIREMENTS: NO. OF ROOMS _____ NO. OF BEDROOMS _____ MAX. MONTHLY HOUSING COSTS \$ _____ MAX. PURCHASE PRICE \$ _____
	PETS, GARAGE, ETC.: _____ _____									

Site Occupant Record - Nonresidential

Project Name: _____

Project #: _____ HANDBOOK 1378
 Relocation Case #: _____ APPENDIX 9
 Acquisition Parcel #: _____

LOCALITY/AGENCY

Date of Initial Interview: _____ Interviewer: _____

NAME UNDER WHICH BUSINESS
 TRADES/OPERATES _____
 ADDRESS _____

 TELEPHONE NUMBER _____

NAME OF PRINCIPAL OFFICER: _____
 HOME ADDRESS: _____
 TELEPHONE #: _____

DATE OF GENERAL INFORMATION NOTICE _____
 EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____

IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? YES NO

DATE PRIVACY ACT STATEMENT EXECUTED _____
 (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)

DATE OCCUPANT FIRST OCCUPIED THIS LOCATION _____

OCCUPANT CHARACTERISTICS

YEARS IN BUSINESS _____
YEARS AT THIS LOCATION _____
TENURE: OWNER
TENANT
OPERATION: BUSINESS
 NONPROFIT ORGAN.
 FARM

TYPE OF OWNERSHIP
 SOLE PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION
 NONPROFIT ORGANIZATION

RACIAL/ETHNIC CLASSIFICATION
 (CHECK ALL THAT APPLY)
 AMERICAN INDIAN OR ALASKAN NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 HISPANIC OR LATINO
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
 ASIAN AND WHITE
 BLACK OR AFRICAN AMERICAN AND WHITE
 AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN
 OTHER MULTI-RACIAL

CHARACTER OF BUSINESS OPERATION

 (e.g., manufacturing, wholesale trade, retail trade, business service, personal service, institutional)

RELOCATION PREFERENCES AND REQUIREMENTS
RELO PREFERENCES: WILL MAKE OWN PLANS NONE RENT PURCHASE BUILD
LOCATION CONSIDERATIONS _____

SPACE OCCUPIED (At displacement property)

 SERVICES PROVIDED (if tenant)

SPACE NEEDS

OTHER SPECIAL NEEDS _____

Site Occupant Record - Nonresidential

Project Name: _____ HANDBOOK 1378

Project #: _____ APPENDIX 9

Relocation Case #: _____

Acquisition Parcel #: _____

LOCALITY/AGENCY _____

Date of Initial Interview: _____ Interviewer: _____

NAME UNDER WHICH BUSINESS TRADES/OPERATES: _____

ADDRESS _____

TELEPHONE NUMBER _____

NAME OF PRINCIPAL OFFICER: _____

HOME ADDRESS: _____

TELEPHONE #: _____

DATE OF GENERAL INFORMATION NOTICE _____

EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____

DATE PRIVACY ACT STATEMENT EXECUTED _____

(INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)

IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? YES NO

DATE OCCUPANT FIRST OCCUPIED THIS LOCATION _____

OCCUPANT CHARACTERISTICS

YEARS IN BUSINESS _____

YEARS AT THIS LOCATION _____

TENURE: TENANT OWNER

OPERATION: BUSINESS
 NONPROFIT ORGAN.
 FARM

TYPE OF OWNERSHIP

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

NONPROFIT ORGANIZATION

RACIAL/ETHNIC CLASSIFICATION

(CHECK ALL THAT APPLY)

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

WHITE

AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE

ASIAN AND WHITE

BLACK OR AFRICAN AMERICAN AND WHITE

AMERICAN INDIAN OR ALASKAN NATIVE AND

BLACK OR AFRICAN AMERICAN

OTHER MULTI-RACIAL

CHARACTER OF BUSINESS OPERATION

(e.g., manufacturing, wholesale trade, retail trade, business service, personal service, institutional)

RELOCATION PREFERENCES AND REQUIREMENTS

RELO PREFERENCES: WILL MAKE OWN PLANS NONE RENT PURCHASE BUILD
 LOCATION CONSIDERATIONS _____

SPACE NEEDS _____

OTHER SPECIAL NEEDS _____

TYPE/SIZE OF BUILDING _____

MAXIMUM MONTHLY RENTAL \$ _____ MAXIMUM SALES PRICE \$ _____

BUSINESS WILL DISCONTINUE OPERATIONS (EXPLAIN) _____

SPACE OCCUPIED (At displacement property)

SERVICES PROVIDED (if tenant)

MONTHLY RENTAL \$ _____

REFERRALS TO REPLACEMENT LOCATIONS						
DATE	ADDRESS	RENTAL	SALES	RENTAL OR SALES PRICE	DESCRIPTION OF REFERRAL	ACTION ON REFERRAL (If refused, indicate reason)

REPLACEMENT LOCATION	
DATE AGENCY NOTIFIED OF INTENTION TO MOVE _____	
DATE AGENCY INSPECTED PREMISES _____	ADDRESS TO WHICH MOVED: _____ _____
DATE MOVE BEGAN _____ DATE MOVE COMPLETED _____	
TENURE AT REPLACEMENT LOCATION:	
<input type="checkbox"/> OWNED	SALES PRICE \$ _____
<input type="checkbox"/> RENTED	MONTHLY RENTAL \$ _____
CENSUS TRACT _____ TELEPHONE _____	
DESCRIPTION OF REPLACEMENT LOCATION: _____ _____	

REPLACEMENT PAYMENT			TEMPORARY MOVE	
	DATE CLAIM FILED	DATE CLAIM PAID	REASON _____	
<input type="checkbox"/> ACTUAL MOVING EXPENSES	AMOUNT		DATE _____ ADDRESS _____	
_____ \$ _____			_____	
<input type="checkbox"/> REESTABLISHMENT EXPENSES			DATE OF MOVE FROM TEMPORARY LOCATION TO PERMANENT LOCATION _____	
_____ \$ _____				
<input type="checkbox"/> FIXED PAYMENT				
_____ \$ _____				
(Include copy of claim form and related documentation in case file)				
APPEAL FILED: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, include copy in case file)				

REMARKS: