

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

*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,

(*name and title*)

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I have read the above information and understand the conditions under which I am moving into this project.

Print Name of Tenant(s)

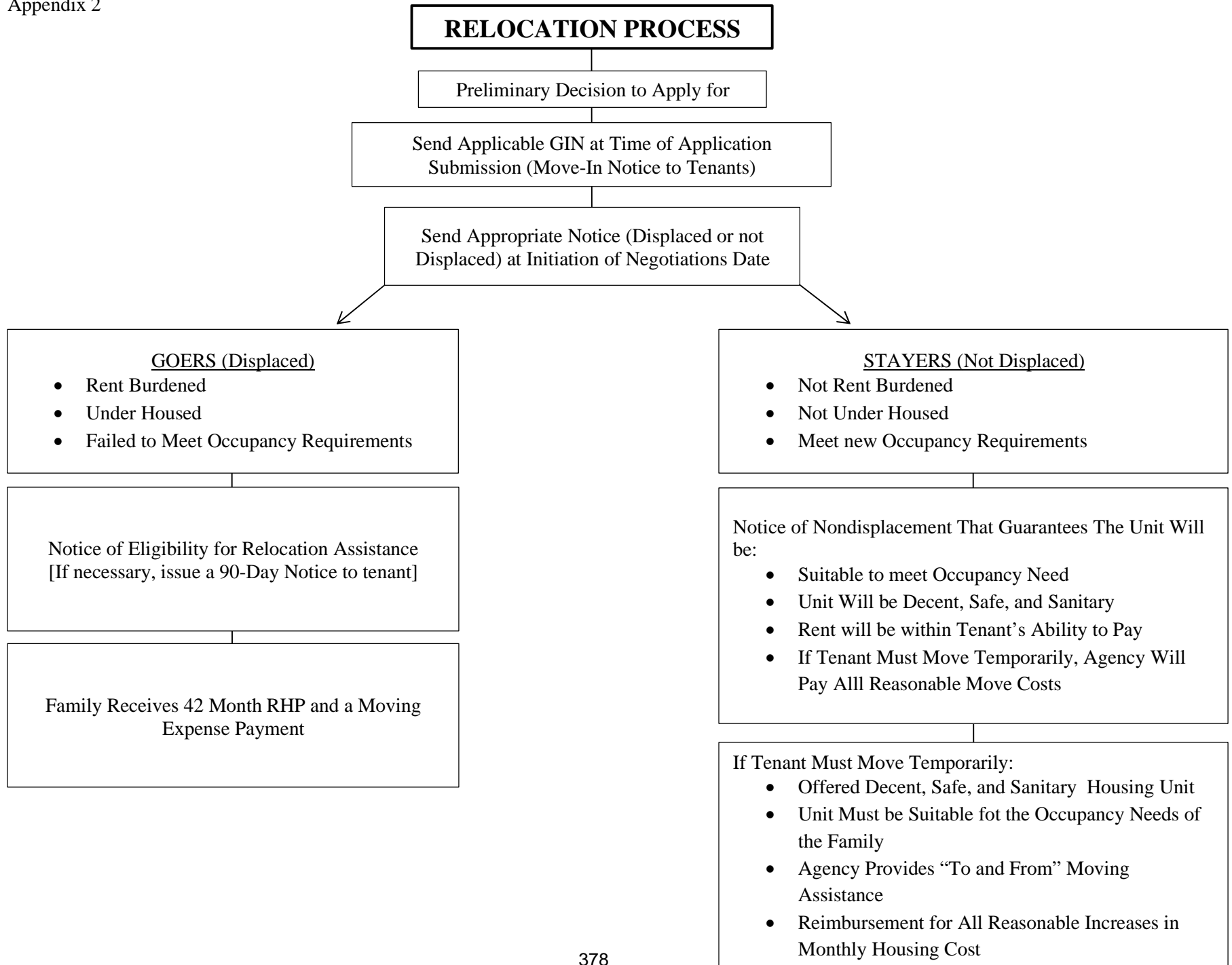
Signature(s)

Address and Unit Number

Date

NOTE:

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



<b>Site Occupant Record – Residential</b>		Project Name: _____
<b>LOCALITY/OWNER</b>		Project #: _____
Date of Initial Interview: _____ Interviewer: _____		Relocation Case #: _____
		Acquisition Parcel #: _____
NAME OF OCCUPANT _____ ADDRESS _____ TELEPHONE NUMBER _____ CENSUS TRACT _____	<b>CHECK:</b> <input type="checkbox"/> <b>FAMILY</b> <input type="checkbox"/> <b>INDIVIDUAL</b> <input type="checkbox"/> <b>OWNER</b> <input type="checkbox"/> <b>TENANT</b>	
IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPLOYMENT ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF GENERAL INFORMATION NOTICE _____	
DATE OCCUPANT FIRST OCCUPIED THIS DWELLING _____	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)	
<b>RACIAL/ETHNIC CLASSIFICATION</b>	<b>HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING</b>	
(CHECK ALL THAT APPLY) <input type="checkbox"/> NATIVE AMERICAN 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"/> NATIVE AMERICAN OR ALASKAN NATIVE AND WHITE <input type="checkbox"/> ASIAN AND WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE <input type="checkbox"/> NATIVE AMERICAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL	<b>TENANT:</b> MONTHLY CONTRACT RENT \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ MONTHLY HOUSING COSTS \$ _____	<b>OWNER:</b> 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)	RELATIONSHIP	SEX	AGE	OCCUPATION	SOURCE OF INCOME				GROSS MONTHLY INCOME	NAME OF EMPLOYER AND TELEPHONE NUMBER	
					EMPLOYMENT	PUBLIC ASSISTANCE	PENSION	OTHER (IDENTIFY)			
									\$		
					<b>TOTAL GROSS MONTHLY INCOME:</b>				<b>\$</b>		
<b>SPECIAL CHARACTERISTICS OF HOUSEHOLD (E.G., DISABLED, ELDERLY, ETC.)</b>		<b>REHOUSING PREFERENCES:</b> <input type="checkbox"/> PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED HOUSING <input type="checkbox"/> NONE <b>LOCATION/NEIGHBORHOOD CONSIDERATIONS:</b> _____ _____								<b>REHOUSING REQUIREMENTS:</b> NO. OF ROOMS _____ NO. OF BEDROOMS _____ MAX. MONTHLY HOUSING COSTS \$ _____ MAX. PURCHASE PRICE \$ _____	
		<b>PETS, GARAGE, ETC.:</b> _____ _____									

**HOUSING REFERRALS**

DATE	ADDRESS (INCLUDE APT NO.)	CENSUS TRACT	TYPE OF UNIT			SIZE OF UNIT		MONTHLY RENT + EST. AVERAGE MONTHLY UTILITY COSTS/SALES PRICE	UNIT INSPECTED	UNIT AVAILABLE DATE	LOW INCOME OR MINORITY AREA?	ACTION ON REFERRAL (ID REFUSED, INDICATE WHY. ALSO INCLUDE WHETHER UNIT IS REPRESENTATIVE COMPARABLE AS BASIS FOR PMT LIMIT.)
			RENT	SALE	SUBSIDIZED	# of Rms	# of Bdrms					

<b>REPLACEMENT DWELLING UNIT</b>											
DATE OF MOVE _____ ADDRESS _____ CENSUS TRACT _____											
IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO											
MONTHLY HOUSING COST (MHC)						<input type="checkbox"/> DECENT, SAFE, & SANITARY <input type="checkbox"/> NOT DECENT, SAFE, & SANITARY		RELOCATION PAYMENT(S)			
<input type="checkbox"/> RENTAL MONTHLY RENT \$ _____ EST. AVERAGE MONTHLY UTILITY COSTS \$ _____ Total MHC \$ _____						<input type="checkbox"/> PURCHASE MORTGAGE PAYMENT (P&I) \$ _____ REAL ESTATE TAXES \$ _____ EST. UTILITY COSTS \$ _____ TOTAL MHC \$ _____ SALES PRICE \$ _____		DATE OF INSPECTION _____ DATE OF REINSPECTION _____ NO. OF ROOMS _____ NO. OF BEDROOMS _____ (Include copy of Inspection Report in case file)		MOVING EXPENSES TYPE <input type="checkbox"/> ACTUAL <input type="checkbox"/> RENTAL <input type="checkbox"/> FIXED <input type="checkbox"/> DOWNPAYMENT AMOUNT \$ _____ \$ _____ DATE CLAIM FILED _____ DATE CLAIM PAID _____ (Include copy of Claim Forms in case file)	
IS UNIT IN AREA OF LOW INCOME OR MINORITY CONCENTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS UNIT SUBSIDIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ (Identify)			Temporary Housing Date _____ Reason _____ _____ ADDRESS _____ RENTAL \$ _____ DATE OF MOVE TO PERMANENT DWELLING _____ OUT-OF-POCKET EXPENSES PAID: MOVING EXPENSES \$ _____ INCREASED HOUSING COSTS \$ _____						APPEAL FILED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE TYPE: <input type="checkbox"/> PAYMENT(S) <input type="checkbox"/> HOUSING <input type="checkbox"/> OTHER _____ (Include copy of Appeal in case file)		