
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.

RELOCATION PROCESS

Preliminary Decision to Apply for

Send Applicable GIN at Time of Application Submission (Move-In Notice to Tenants)

Send Appropriate Notice (Displaced or not Displaced) at Initiation of Negotiations Date

GOERS (Displaced)

- Rent Burdened
- Under Housed
- Failed to Meet Occupancy Requirements

Notice of Eligibility for Relocation Assistance
[If necessary, issue a 90-Day Notice to tenant]

Family Receives 42 Month RHP and a Moving Expense Payment

STAYERS (Not Displaced)

- Not Rent Burdened
- Not Under Housed
- Meet new Occupancy Requirements

Notice of Nondisplacement That Guarantees The Unit Will be:

- Suitable to meet Occupancy Need
- Unit Will be Decent, Safe, and Sanitary
- Rent will be within Tenant's Ability to Pay
- If Tenant Must Move Temporarily, Agency Will Pay All Reasonable Move Costs

If Tenant Must Move Temporarily:

- Offered Decent, Safe, and Sanitary Housing Unit
- Unit Must be Suitable for the Occupancy Needs of the Family
- Agency Provides "To and From" Moving Assistance
- Reimbursement for All Reasonable Increases in Monthly Housing Cost

REPLACEMENT DWELLING UNIT			
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
<input type="checkbox"/> RENTAL	<input type="checkbox"/> PURCHASE	DATE OF INSPECTION _____	
MONTHLY RENT \$ _____	MORTGAGE PAYMENT (P&I) \$ _____	DATE OF REINSPECTION _____	
EST. AVERAGE	REAL ESTATE TAXES \$ _____	NO. OF ROOMS _____	
MONTHLY UTILITY COSTS \$ _____	EST. UTILITY COSTS \$ _____	NO. OF BEDROOMS _____	
Total MHC \$ _____	TOTAL MHC \$ _____	(Include copy of Inspection Report in case file)	
	SALES PRICE \$ _____		
RELOCATION PAYMENT(S)			
MOVING EXPENSES		REPLACEMENT HOUSING PAYMENT	
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?		Temporary Housing	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Date _____ Reason _____	
IS UNIT SUBSIDIZED?		ADDRESS _____ RENTAL \$ _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF MOVE TO PERMANENT DWELLING _____	
_____		OUT-OF-POCKET EXPENSES PAID:	
(Identify)		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)	