

SAMPLE VOLUNTARY ACQUISITION POLICY AND PUBLIC NOTICE

VOLUNTARY ACQUISITION POLICY

On _____, the _____ passed Resolution _____, to establish a Voluntary Acquisition Policy for _____. The Policy Statement implements that Resolution. It will be published in the _____ to acquaint the citizens of this new policy.

Voluntary Acquisition shall be permitted if the property being acquired is not site specific and at least two properties in the community meet the criteria established by the _____ for the property or interest to be acquired. All voluntary acquisitions must be approved by _____ in principal prior to publication of a public notice or attendance at a property auction.

The _____ must publish a public notice inviting offers from property owners. This notice must:

1. accurately describe the type, size, and location of the property it wishes to acquire;
2. describe the purpose of the sale;
3. specify all terms and conditions of the sale, including a maximum price;
4. indicate that owner-occupants are not eligible for relocation benefits.;
5. announce a time and place for receipt of offers; and
6. announce that the _____ shall not invoke its powers of condemnation to secure any property offered if a mutually satisfactory sale is not concluded, in order to acquire the property for the same purpose.

The _____ may also acquire property at public auction.

SAMPLE PUBLIC NOTICE FOR ACQUISITION OF REAL PROPERTY

Under provisions of the CDBG program, the *(name of grantee: City, Town, or Parish of)* publicly invites response from owners with real property located in the CDBG project area (shown on the map below) who desire to sell their property to the *(name of grantee)* for the purpose of *(describe CDBG project)*.

In addition,

- the property must be *(describe type, size and location of the property the grantee wishes to acquire)*;
- offers to sell under this invitation for acquisition must be on a voluntary basis;
- offers to purchase will not exceed \$_____;
- if a mutually satisfactory agreement cannot be reached between *(name of grantee)* and seller, the *(name of grantee)* will not acquire the offered property;
- the *(name of grantee: City, Town, or Parish of)* will not invoke its powers of condemnation to secure any property offered if a mutually satisfactory sale is not concluded, in order to acquire the property for the same purpose; and,
- owner-occupants are not eligible for relocation benefits.

Interested property owners should contact the *(name of grantee, contact name, address, telephone number, and TDD number)* before *(date & time)*.

(insert project area map here)

PRELIMINARY NOTICE ACQUISITION NOTICE, FORM, AND BROCHURE

SAMPLE

September 10, 2004

CERTIFIED MAIL
RETURN RECEIPT

Mr. Willie Smith
Post Office Box 515
Anytown, Louisiana 71357

RE: Preliminary Acquisition Notice/Brochure
Disaster Recovery CDBG Program

Dear Mr. Smith:

The Town of Anytown is considering the acquisition of a specific easement to be used in conjunction with the Town's Disaster Recovery Community Development Block Grant (CDBG) Program. Our records indicate that the easement being considered is owned by you and Ms. Leola Bart. If our records are incorrect, please comment accordingly in the comment section provided on the Preliminary Acquisition Notice Form.

A brochure describing your rights and the Town's procedures for acquiring easement is enclosed for your information. The brochure states you have the right to donate or sell your easement.

The Town has employed an independent appraiser to establish fair market value for your easement unless you choose to release the Town of such obligations. You or your representative will have the right to accompany him on his inspection of the easement if you wish to do so. A letter inviting you or your representative will be sent by the appraiser at least five days prior to his visit.

Enclosed is one (1) original and one (1) copy of a Preliminary Acquisition Notice Form for your completion. The title opinion, legal description, and a plat map of the easement being considered are attached to the form marked "COPY". Please check the appropriate statement concerning disposition of your easement, return the completed form marked "ORIGINAL" in the enclosed self-addressed, stamped envelope and retain the form marked "COPY" for your files.

If your response is not received within ten (10) calendar days of receipt of this letter, we will assume that you choose to sell your easement to the Town. We will then proceed with the policies set forth by the Uniform Relocation Assistance and Real Properties Acquisition Policies Act of 1970 (Uniform Act) and the U. S. Department of Housing and Urban Development requirements governing HUD-assisted programs.

Mr. Willie Smith
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September 10, 2004

This letter is not a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance. If you have any questions, please call me at (225) 342-7412 or our consultant Mr. Jones at (225) 342-7500.

Very truly yours,

Mayor Bob Filo

BF/WG:al

Enclosures: As stated

FILE NO.: _____

PRELIMINARY ACQUISITION NOTICE FORM

After reading your letter and reviewing the enclosed brochure concerning acquisition and donation of my easement, I have made the following decision:

_____ I DO INTEND TO SELL my easement to the Town after an appraisal has been obtained and I have been offered just compensation.

_____ I DO INTEND TO DONATE my easement after having been informed of the right to receive just compensation based on an appraisal of the easement and do hereby release the Town from such obligations of obtaining an appraisal.

_____ I DO NOT INTEND TO SELL OR DONATE my easement.

COMMENTS: _____

SIGNATURE: _____

DATE: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____

WHEN A PUBLIC AGENCY ACQUIRES YOUR PROPERTY

US Department of Housing and Urban Development

Office of Community Planning

HUD-1041-CPD, March 2005

www.hud.gov/relocation

Introduction

This booklet describes important features of the **Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970**, as amended (URA) and provides general information about public acquisition of real property (real estate) that should be useful to you.

Most acquisitions of real property by a public agency for a Federal project or a project in which Federal funds are used are covered by the URA. If you are notified that your property will be acquired for such a project, it is important that you learn your rights under this important law.

This booklet may not answer all of your questions. If you have more questions about the acquisition of your property, contact the Agency responsible for the project. (Check the back of this booklet for the name of the person to contact at the Agency.) Ask your questions before you sell your property. Afterwards, it may be too late.

General Questions

What Right Has Any Public Agency To Acquire My Property?

The Federal Government and every State government have certain powers which are necessary for them to operate effectively. For example, they have the power to levy taxes and the power to maintain order. Another government power is the power to acquire private property for public purposes. This is known as the power of eminent domain.

The rights of each of us are protected, however, by the Fifth and Fourteenth Amendments of the U.S. Constitution and by State constitutions and eminent domain laws which guarantee that if a public agency takes private property it must pay "just compensation" to the owner. The URA provides additional protections, as explained in this booklet.

Who Made The Decision To Buy My Property?

The decision to acquire a property for a public project usually involves many persons and many determinations. The final determination to proceed with the project is made only after a thorough review which may include public hearings to obtain the views of interested citizens.

If you have any questions about the project or the selection of your property for acquisition, you should ask a representative of the Agency which is responsible for the project.

How Will The Agency Determine How Much To Offer Me For My Property?

Before making you an offer, the Agency will obtain at least one appraisal of your property by a competent real property appraiser who is familiar with local property values. The appraiser will inspect your property and prepare a report that includes his or her professional opinion of its current fair market value. After the appraiser has completed his work, a review appraiser will examine the appraisal report to assure that the estimate is fair and the work conforms with professional appraisal standards.

The Agency must offer you "just compensation" for your property. This amount cannot be less than the appraised fair market value of the property. "Just compensation" for your property does not take into account your relocation needs. If you are eligible for relocation assistance, it will be additional.

What Is Fair Market Value?

Fair market value is sometimes defined as that amount of money which would probably be paid for a property in a sale between a willing seller, who does not have to sell, and a willing buyer, who does not have to buy. In some areas a different term or definition may be used.

The fair market value of a property is generally considered to be "just compensation." Fair market value does not take into account intangible elements such as sentimental value, good will, business profits, or any special value that your property may have for you or for the Agency.

How Does An Appraiser Determine The Fair Market Value Of My Property?

Each parcel of real property is different and therefore no single formula can be devised to appraise all properties. Among the factors an appraiser typically considers in estimating the value of real property are:

- How it compares with similar properties in the area that have been sold recently.
- How much rental income it could produce.
- How much it would cost to reproduce the buildings and other structures, less any depreciation.

Will I Have A Chance To Talk To The Appraiser?

Yes. You will be contacted and given the opportunity to accompany the appraiser on his or her inspection of your property. You may then inform the appraiser of any special features which you believe may add to the value of your property. It is in your best interest to provide the appraiser with all the useful information you can in order to insure that nothing of allowable value will be overlooked. If you are unable to meet with the appraiser, you may wish to have a person who is familiar with your property represent you.

How Soon Will I Receive A Written Purchase Offer?

Generally, this will depend on the amount of work required to appraise your property. In the case of a typical single-family house, it is usually possible to make a written purchase offer within 45 to 60 days of the date an appraiser is selected to appraise the property.

Promptly after the appraisal has been reviewed (and any necessary corrections obtained), the Agency will determine just compensation and give you a written purchase offer in that amount along with a "summary statement," explaining the basis for the offer. No negotiations are to take place before you receive the written purchase offer and summary statement.

What Is In The Summary Statement Of The Basis For The Offer Of Just Compensation?

The summary statement of the basis for the offer of just compensation will include:

- An accurate description of the property and the interest in the property to be acquired.
- A statement of the amount offered as just compensation. (If only part of the property is to be acquired, the compensation for the part to be acquired and the compensation for damages, if any, to the remaining part will be separately stated.)
- A list of the buildings and other improvements covered by the offer. (If there is a separately held interest in the property not owned by you and not covered by the offer (e.g., a tenant-owned improvement), it will be so identified.)

Must I Accept The Agency's Offer?

No. You are entitled to present your evidence as to the amount you believe is the fair market value of your property and to make suggestions for changing the terms and conditions of the offer. The Agency will consider your evidence and suggestions. When fully justified by the available evidence of value, the offer price will be increased.

May Someone Represent Me During Negotiations?

Yes. If you would like an attorney or anyone else to represent you during negotiations, please inform the Agency. However, the URA does not require the Agency to pay the costs of such representation.

If I Reach Agreement With The Agency, How Soon Will I Be Paid?

If you reach a satisfactory agreement to sell your property and your ownership (title to the property) is clear, payment will be made at a mutually acceptable time. Generally, this should be possible within 30 to 60 days after you sign a purchase contract. If the title evidence obtained by the Agency indicates that further action is necessary to show that your ownership is clear, you may be able to hasten the payment by helping the Agency obtain the necessary proof. (Title evidence is basically a legal record of the ownership of the property. It identifies the owners of record and lists the restrictive deed covenants and recorded mortgages, liens, and other instruments affecting your ownership of the property.)

What Happens If I Don't Agree To The Agency's Purchase Offer?

If you are unable to reach an agreement through negotiations, the Agency may file a suit in court to acquire your property through an eminent domain proceeding. Eminent domain proceedings are often called condemnations. If your property is to be acquired by condemnation, the Agency will file the condemnation suit without unreasonable delay.

An Agency may also decide not to buy your property, if it cannot reach agreement on a price, and find another property to buy instead.

What Happens After The Agency Condemns My Property?

You will be notified of the action. Condemnation procedures vary, and the Agency will explain the procedures which apply in your case.

Generally, when an Agency files a condemnation suit, it must deposit with the court (or in an escrow account) an amount not less than its appraisal of the fair market value of the property. You should be able to withdraw this amount, less any amounts necessary to pay off any mortgage or other liens on the property and to resolve any special ownership problems. Withdrawal of your share of the money will not affect your right to seek additional compensation for your property.

During the condemnation proceeding, you will be provided an opportunity to introduce your evidence as to the value of your property. Of course, the Agency will have the same right. After hearing the evidence of all parties, the court will determine the amount of just compensation. If that amount exceeds the amount deposited by the Agency, you will be paid the difference, plus any interest that may be provided by law.

To help you in presenting your case in a condemnation proceeding, you may wish to employ an attorney and an appraiser. However, in most cases the costs of these professional services and other costs which an owner incurs in presenting his or her case to the court must be paid by the owner.

What Can I Do If I Am Not Satisfied With The Court's Determination?

If you are not satisfied with the court judgment, you may file an appeal with the appropriate appellate court for the area in which your property is located. If you are considering an appeal, you should check on the applicable time limit for filing the appeal and consult with your attorney on whether you have a basis for the appeal. The Agency may also file an appeal if it believes the amount of the judgment is too high.

Will I Have To Pay Any Closing Costs?

You will be responsible for the payment of the balance on any mortgage and other liens on your property. Also, if your ownership is not clear, you may have to pay the cost of clearing it. But the Agency is responsible for all reasonable and necessary costs for:

- Typical legal and other services required to complete the sale, recording fees, revenue stamps, transfer taxes and any similar expenses which are incidental to transferring ownership to the Agency.
- Penalty costs and other charges related to prepayment of any recorded mortgage on the property that was entered into in good faith.
- Real property taxes covering the period beginning on the date the Agency acquires your property.

Whenever possible, the Agency will make arrangements to pay these costs directly. If you must incur any of these expenses yourself, you will be repaid--usually at the time of closing. If you later discover other costs for which you should be repaid, you should request repayment from the Agency immediately. The Agency will assist you in filing a claim. Finally, if you believe that you were not properly repaid, you may appeal the decision to the Agency.

May I Keep Any Of The Buildings Or Other Improvements On My Property?

Very often, many or all of the improvements on the property are not required by the Agency. This might include such items as a fireplace mantel, your favorite shrubbery, or even an entire house. If you wish to keep any improvements, please let the Agency know as soon as possible.

If you do arrange to keep any improvement, the Agency will deduct only its salvage value from the purchase price you would otherwise receive. (The salvage value of an item is its probable selling price if offered for sale on the condition that the buyer will remove it at his or her own expense.) Of course, if you arrange to keep any real property improvement, you will not be eligible to receive a relocation payment for the cost of moving it to a new location.

Can The Agency Take Only A Part Of My Property?

Yes. But if the purchase of only a part of your property reduces the value of the remaining part(s), you will be paid for the loss in value. Also, if any remaining part would have little or no utility or value to you, the Agency will offer to buy that remaining part from you.

Occasionally, a public project will increase the value of the part which is not acquired by the Agency. Under some eminent domain laws, the amount of such increase in value is deducted from the purchase payment the owner would otherwise receive.

Will I Have To Pay Rent To The Agency After My Property Is Acquired?

If you remain on the property after the acquisition, you may be required to pay a fair rent to the Agency. Such rent will not exceed that charged for the use of comparable properties in the area.

How Soon Must I Move?

If possible, a mutually agreeable date for the move will be worked out. Unless there is an urgent need for your property (e.g., your occupancy would present a health or safety emergency), you will not be required to move without at least 90 days advance written notice.

If you reach a voluntary agreement to sell your property, you will not be required to move before you receive the agreed purchase price. If the property is acquired by condemnation, you cannot be required to move before the estimated fair market value of the property has been deposited with the court so that you can withdraw your share.

If you are being displaced from your home, you will not be required to move before a comparable replacement home is available to you.

Will I Receive Relocation Assistance?

Title II of the URA requires that certain relocation payments and other assistance must be provided to families, individuals, businesses, farms, and nonprofit organizations when they are displaced or their personal property must be moved as a result of a project that is covered by the URA.

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The Agency will furnish you a full explanation of any relocation assistance to which you may be entitled. If you have any questions about such assistance, please contact the Agency. In order for the Agency to fulfill its relocation obligations to you, you must keep the Agency informed of your plans.

My Property Is Worth More Now. Must I Pay Capital Gains Tax On The Increase?

Internal Revenue Service (IRS) Publication 544 explains how the Federal income tax would apply to a gain or loss resulting from the sale or condemnation of real property, or its sale under the threat of condemnation, for public purposes. If you have any questions about the IRS rules, you should discuss your particular circumstances with your personal tax advisor or your local IRS office.

I'm A Veteran. How About My VA Loan?

After your VA home mortgage loan has been repaid, you will be permitted to obtain another VA loan to purchase another property. Check on such arrangements with your nearest Veterans Administration Office.

Is It Possible To Donate Property?

Yes. You may donate your property or sell it to the Agency for less than its fair market value. The Agency must obtain an appraisal of the property and offer just compensation for it, unless you release the Agency from these obligations.

Additional Information

If you have any questions after reading this booklet, contact the Agency and discuss your concerns with the Agency representative.

Agency:

Address:

Office Hours:

Telephone Number:

Person to Contact:

SAMPLE STATEMENT OF THE BASIS FOR THE DETERMINATION OF JUST COMPENSATION

Description and Location of Property

The City of West Linn proposes to purchase land and improvements on Gus Young Avenue (Lot 8, Square 6, Palmer Extension) from owner Elizabeth Richardson at 134 Gus Young Avenue, West Linn, Louisiana. It is a single-family residential unit which conforms to zoning, present use, surrounding land use, and area trends.

Purpose of Purchase

The City of West Linn intends to use the whole parcel for the construction of an addition to the Eden Park Community Service Center.

Improvements

It is a one-story single-family residence of wood frame construction with concrete foundation, stucco siding, a tar and gravel roof and aluminum gutters and downspouts.

It contains a living room, kitchen, center hall, two bedrooms and one bath.

The kitchen has counters and painted wood cabinets. There are no built in appliances.

Heat is gas-fired, forced air from Atlas, 120,000 BTU furnace.

The house is 25 years old. Design is good. Maintenance is poor.

Declaration of Offer

Based on the two appraisals, the City of West Linn hereby makes you an offer in the amount of \$32,500.00 for the purchase of your property. This offer is for the fair market value of your property and does not include any consideration of decrease or increase in value attributable to the project for which it is being acquired. It reflects no relocation payments which the owner/tenant may be entitled to receive under the Louisiana Community Development Block Grant Regulations.

Definition of Fair Market Value

"Fair Market Value is the highest price estimated in terms of money which the property would bring if exposed for sale in the open market, allowing a reasonable time in which to find a purchaser buying with knowledge of all the uses and purposes for which it is adapted and for which it is capable of being used."

Appraisal Techniques

Two major techniques, cost approach and market data approach, were utilized to determine the fair market value of this property.

Cost Approach

Land:

To estimate the value of the land, as if unimproved, the market was searched for vacant land sales which might throw some light on the value of subject land.

Estimated Replacement Cost:

To estimate the cost of replacing the home minus depreciation based on age and observed condition, 20 percent.

Total by Cost Approach \$32,500.00

Market Data

To estimate the value of the property by this approach, the market was searched for sales of properties in the area which might throw some light on the value of subject property by comparison.

After adjusting these sales, approximately six comparable properties, for time and points of difference, the indicated value of subject property, by comparison, is \$32,100 - \$33,000.

Signature of Authorizing Official

Date

MUST BE SENT CERTIFIED/REGISTERED MAIL
RETURN RECEIPT REQUESTED

SAMPLE WRITTEN OFFER TO PURCHASE

November 25, 2009

Mrs. Elizabeth Richardson
4134 Gus Young Avenue
West Linn, Louisiana 00000

Dear Mrs. Richardson:

This will introduce to you Mr. Bob Adams, who represents the City of West Linn, Louisiana, in the capacity of Right-of-Way Agent and who will discuss with your the acquisition by the City of the property which our records indicate is owned by Elizabeth Richardson. This property is required for construction of the proposed addition to Eden Park Community Service Center.

We have had the property appraised by a competent and unbiased fee appraiser and this report has been thoroughly analyzed by a competent review appraisal analyst and found to be well supported. Based on the appraisal and review, the City hereby makes you a firm offer in the amount of \$32,500 for the purchase of your property.

We feel that the above offer is most equitable and we urge your favorable consideration and acceptance of it. If this meets with your approval, Mr. Adams will assist in any way convenient to you in finalizing the acquisition. Negotiations for the purchase of your property begin November 25, 2007.

Thank you very much for your cooperation and favorable consideration of this offer.

Very truly yours,

Deron Troy
Mayor

Enclosure: Statement of the Basis for the Determination of Just Compensation.

MUST BE SENT CERTIFIED/REGISTERED MAIL RETURN RECEIPT REQUESTED

If a preliminary acquisition notice is not sent, be sure and reference in the letter and include a copy of the brochure, "When a Public Agency Acquire your Property".

GUIDEFORM NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE -- RESIDENTIAL TENANT

Grantee or Agency Letterhead

(date)

Dear _____:

On ____ *(date)* ____, we notified you of proposed plans to _____ *(identify project)* _____.
On ____ *(date)* ____, the project was approved.

This is a notice of eligibility for relocation assistance. To carry out the project, it will be necessary for you to relocate. However, you do not need to move now. You will not be required to move without at least 90 days advance written notice of the date by which you must vacate. And when you do move, you will be entitled to relocation payments and other assistance in accordance with Federal regulations implementing the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA).

The effective date of this notice is *(date of initiation of negotiations)*. You are now eligible for relocation assistance, including:

Counseling and Other Advisory Services

Payment for Moving Expenses. You may choose either (1) a payment for your actual reasonable moving and related expenses, or (2) if you prefer, a fixed moving expense and dislocation allowance of \$ _____.

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 the cost of a "comparable replacement home," the monthly rent and average cost of utility services for your present home, and 30 percent of your average gross household income.

Listed below are three "comparable replacement homes" that you may wish to consider:

	Address	Rent and Utility Costs	Name and Tele. No. of Person to Contact
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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We would be pleased to provide you with transportation to inspect these dwelling units. We believe that the unit at _____(address)_____ is the most representative of your present home. The rent and the estimated average cost of utility services for that unit is \$_____. Based on the information you have provided about your income, you may be eligible for a rental assistance payment up to \$_____(42 x \$_____). This is the maximum amount that you would be eligible to receive. It would be paid in____(indicate number of installments or lump sum). If you rent a decent, safe and sanitary home where the monthly rent and average estimated utility costs are less than \$_____, your rental assistance payment would be based on the actual cost of such unit.

Contact us immediately if you do not agree that these units are comparable to your home. We will explain the basis for our selecting these units. And, if necessary, we will find other units. We will not base your payment on any unit that is not a "comparable replacement home." Should you choose to buy (rather than rent) a decent, safe and sanitary replacement home, you would be eligible for a down payment of \$_____. Let us know if you would prefer to buy a replacement home, and we will help you find such housing.

I am enclosing a brochure entitled, "Relocation Assistance to Tenants Displaced From Their Homes." Please read the brochure carefully. It explains your rights and some things you must do to obtain a payment. For example, to obtain a replacement housing payment you must move to a decent, safe and sanitary home within one year after you vacate your present home. Therefore, do not commit yourself to rent or buy a unit until we inspect it.

I want to make it clear that you are eligible for assistance to help you relocate. In addition to relocation payments and housing referrals, counseling and other services are available to you. A representative of this office will soon contact you to determine your needs and preferences. He/She will explain your rights and help you obtain the relocation payments and other assistance for which you are eligible. If you have any questions, please contact _____ (name)_____, _____(title)_____, at____(phone)_____, (address)_____.

Remember, do not move before we have a chance to discuss your eligibility for assistance. This letter is important to you and should be retained.

Sincerely,

(name and title)

Enclosure

SAMPLE STATEMENT OF SETTLEMENT COSTS

Owner _____

Identification of Property _____

Purchase Price \$ _____

<u>Expenses Incidental to Transfer of Title</u>	<u>Paid by City</u>	<u>Paid by Owner</u>	<u>Total</u>
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- 1. Recording Fees
- 2. Transfer Taxes
- 3. Revenue Tax Stamp
- 4. City/County Tax Stamps
- 5. Survey and Legal Description
- 6. Penalty Costs Associated
with Prepayment of Pre-
existing Recorded Mortgages
- 7. Pro Rate Portion of Prepaid
Taxes and Public Service Charges:
 - a. Real Property Taxes - County
 - b. Real Property Taxes - City
 - c. Water Service
 - d. Sewage Service
 - e. Trash Collection _____

TOTAL \$ _____ \$ _____

This statement of settlement costs is certified as true and correct.

Signed: _____ Date _____

Closing Official

_____ Date _____

UNIFORM APPRAISAL STANDARDS FOR FEDERAL LAND ACQUISITIONS

Background and Overview

The Uniform Appraisal Standards for Federal Land Acquisitions represents an effort to establish basic appraisal standards applicable to all real estate related transactions involving Federal agencies.

Federal agencies are a major consumer of appraisal services. Estimates show that a high percentage of all appraisal reports are in response to Federal programs involving direct loans, insured and guaranteed loans, direct acquisitions of guaranteed loans by a Federal agency to satisfy a default or other guarantee claim, and the sale, exchange, or acquisition of property, including through eminent domain. Consequently, Federal agencies have a responsibility for establishing and assuring implementation of appraisal standards which are cost-effective and protect the Government's financial interest. Depending on specific agency needs, additional requirements may be included in agency policy, manuals, or handbooks.

These standards were developed in consultation with the Federal Interagency Real Property Appraisal Committee (FIRPAC). This Committee was convened to encourage the development of uniform real property appraisal standards applicable to Federal agencies. In addition, the Committee seeks to assure the protection of the Federal Government's interest in the development and implementation of Title XI, Financial Institutions Reform, Recovery, and Enforcement Act (FIRREA) of 1989.

Individuals involved in appraising real property must comply with applicable State laws. Private appraisers performing assignments directly for an agency or under policies of a regulatory agency must meet applicable state regulatory requirements.

Federal agency staff appraisers (including agency reviewing appraisers) may be exempt from licensing or certification under State law, or Federal regulation or policy. However, it may be in the agency's interest to encourage staff appraisers and reviewing appraisers to meet State qualification standards. Each agency has the necessary flexibility to decide the qualifications necessary for individual appraisal problems as well as to maintain public confidence in its appraisal program.

Federal Standards

The Uniform Appraisal Standards for Federal Land Acquisitions recognize current Federal standards incorporated into law or referenced by various agencies in their regulations or manuals. These include:

"Uniform Appraisal Standards for Federal Land Acquisition" (1973) prepared by the Interagency Land Acquisition Conference; for a copy of these standards refer to the OCD website (www.justice.gov/enrd/ENRD_Assets/Uniform-Appraisal-Standards.pdf) or contact Mr. Cory Williams at (225)342-7412; and

“Government-wide appraisal standards contained in 49 CFR Part 24, published March 2, 1989 by the Department of Transportation, implementing appraisal provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.”

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Both documents are applicable to the acquisition of real property. The Department of Transportation standards apply to 18 executive branch departments and agencies administering federal or federally assisted projects under the Federal Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. These agencies will continue to comply therewith. Other agencies, including those that administer Federal credit programs, have regulations and procedures covering appraisal activity.

The Federal Real Property Appraisal Standards also take into consideration those standards developed by regulatory financial agencies in response to Title XI, FIRREA. Standards developed by the financial regulatory agencies reference the "Uniform Standards of Professional Appraisal Practice" (USPAP) and include additional appraisal requirements.

The Appraisal Subcommittee, created by Title XI, FIRREA, has responsibility for monitoring requirements established by States for _____ and licensing of appraisers, and appraisal standards developed by the Federal financial institutions regulatory agencies. The Subcommittee is also responsible for monitoring and reviewing practices, procedures, activities, and organizational structure of the Appraisal Foundation.

Professional Standards

The original USPAP was developed in an ad hoc committee composed of representatives of major appraisal organizations. These standards were later copyrighted in 1987 by the non-profit Appraisal Foundation. The Appraisal Standards Board of the Appraisal Foundation adopted the original USPAP at its organizational meeting on January 10, 1989. Sections I-III of the Standards have been revised with the most recent revisions approved June 5, 1990.

USPAP represents standards developed by professional appraisal organizations. These standards are applicable to activities involving the act or process of estimating value. They provide guidance regarding appraiser competency, preparation and documentation of appraisal reports and performance of the appraisal review function. To maintain the highest level of professional appraisal practice, appraisers are required to observe these standards.

Appraisal standards adopted by the States will be in accordance with generally accepted standards issued by the Appraisal Standards Board (ASB) of the Appraisal Foundation. State licensed and certified appraisers will be required to meet these standards.

Qualification standards for appraisers are established by the Appraiser Qualifications Board, a separate and independent board within the Appraisal Foundation.

These standards and those contained in 49 CFR Part 24 are consistent with provisions of USPAP as they relate to the preparation of unbiased, written appraisal reports estimating market value. Any deviations in 49 CFR Part 24 are attributable to legal and regulatory requirements associated with public acquisition of private property. Agencies identified in the government wide regulation shall continue to comply therewith.

Code of Practice

Appraisers involved in preparing appraisals for Federal or Federally assisted programs shall observe high standards of honesty, integrity, and fairness in preparing written appraisal reports. Appraisers shall:

- Possess the knowledge and experience necessary to complete the appraisal assignment competently;
- Not accept an assignment in which payment for appraisal services is contingent on reaching a

- predetermined conclusion of value, or on the estimated value of the property interest;
- Not knowingly commit errors or withhold pertinent information that would affect the estimate of market value;
- Report conclusions of value in a manner that is meaningful and does not mislead the client, parties to the transaction, or the public;
- Apply realistic assumptions and valuation methods consistent with market information;
- Disclose any instructions or extraordinary assumptions that may affect the estimate of market value; and
- Cooperate with investigators and authorities in providing factual information regarding an appraisal assignment.

Definitions

Applicable law, agency regulations, and practice may require the use of definitions other than those set forth below.

Appraisal or Appraisal report: A written statement independently and impartially prepared by a qualified appraiser setting forth an opinion of defined value of an adequately described property as of a specific date, supported by the presentation and analysis of relevant market information.

Appraiser: An individual who is qualified under applicable requirements to prepare or review appraisals in conjunction with real estate related transactions.

Complex real estate related transaction: Any transaction identified by agencies requiring the services of a certified or equivalent level appraiser.

Agencies should take into consideration the following:

- (1) improved commercial or industrial properties;
- (2) rural properties where the intended use is for the production of agricultural income or products;
- (3) commercially valuable timber and mineral interests;
- (4) acquisition of private property under eminent
- (5) raw land with development potential; and
- (6) requirements for a detailed appraisal (49 CFR Part 24, Subpart B).

Market value: The most probable price in cash, or terms equivalent to cash, which a property should bring in a competitive and open market under all conditions requisite to a fair sale, namely, that the buyer and seller each act without obligation, prudently, and knowledgeably, and the price is not affected by undue stimulus.

Qualified appraiser: An individual who meets applicable requirements and is accepted, approved, or designated by the agency.

Real estate related transaction: Any transaction involving:

- (1) the sale, lease, purchase, investment in, or exchange of real property, including interests in property or the financing thereof;
- (2) the refinancing of real property of interests in real property; and

- (3) the use of real property or interests in property as security for a loan or investment, including mortgage-backed securities.

Review appraiser: A qualified appraiser or technically qualified individual designated to independently examine and evaluate an appraisal report for purposes of recommending, preparing, or approving an estimate of value.

State certified appraiser: Any individual who has satisfied the requirements for State certification or equivalent requirements in a State or territory whose criteria for a real estate appraiser currently meet the minimum criteria for certification issued by the Appraiser Qualification Board of the Appraisal Foundation.

State licensed appraiser: An individual who has satisfied the requirements for State licensing or equivalent requirements in a State or territory.

Appraiser Qualifications

Appraiser involved in real estate related transactions shall comply with applicable laws and requirements regarding appraiser qualifications. In those States not having State requirements, or where State laws governing the activities of appraisers have been found to be inadequate, agencies may implement standards consistent with those developed by the Appraisal Qualifications Board of the Appraisal Foundation.

In those States having State certification requirements, State certified appraisers shall be used for complex transactions identified by the agency. However, Federal agencies shall have discretion to establish qualification standards for its staff appraisers, including reviewing appraisers.

Appraisal Report Guidelines

Agency appraisal criteria should be consistent with USPAP and/or 24.103 of 49 CFR Part 24 and also with paragraph 5-3e HUD Handbook 1378, Tenant Assistance, Relocation and Real Property Acquisition. As necessary, agencies may establish appraisal standards in accordance with program specific objectives. Those standards may also include applicable provisions of USPAP.

Appraisal Review

Agency appraisal review criteria should be consistent with USPAP and/or 24.104 of 49 CFR Part 24 and also with paragraph 5-3e HUD Handbook 1378, Tenant Assistance, Relocation and Real Property Acquisition. Agency standards may include review appraisal provisions of the USPAP.

Review criteria for appraisals made in connection with direct or indirect loan transactions shall be consistent with the level of risk in the loan transactions and at a minimum shall provide for a volume and level of review adequate to identify levels of risk in the loan portfolio as well as a representative sample of individual transactions.

SAMPLE INVITATION TO ACCOMPANY AN APPRAISER

September 27, 2009

Mrs. Elizabeth Richards
4143 Gus Young Avenue
West Linn, Louisiana 70801

Dear Mrs. Richards:

I have been requested by the City of West Linn to prepare an appraisal of your property on Gus Young Avenue. I will visit the property on October 4, 2009. If you wish to accompany me, please phone me at 331-4705 to arrange a mutually convenient time. If I do not hear from you by October 1, I will attempt to contact you by phone. If you do not make contact by October 3, I will assume that you do not wish to come with me when I go to inspect your property.

Sincerely,

Robert Baxter
Senior Appraiser

c: City Secretary
City of West Linn, Louisiana

**MUST BE SENT CERTIFIED/REGISTERED MAIL
RETURN RECEIPT REQUESTED**

SAMPLE SHORT APPRAISAL FORM FOR SERVITUDE TAKINGS

Project Name _____

Parcel Address _____

PROPERTY OWNER _____

ADDRESS _____

Owner invited to accompany Appraiser _____

Past Sales or Property (5 years) _____

Improvement to Property since last Sale _____

LOT: Zoning _____ Area _____ Sq. Ft. _____ Acres _____

Highest and Best Use of Property: BEFORE _____ AFTER _____

Assessed valuation: Land _____ Buildings _____ Total _____

Unlawful Usage of Violation of Codes and Ordinances _____

VALUATION: BEFORE AND AFTER VALUE ESTIMATES

1. BEFORE Property Value \$ _____

2. AFTER Property Value \$ _____

3. VALUE PART TAKEN AND DAMAGES, IF ANY . \$ _____

If damages to Property by reason of taking -- Explain _____

NOTE: Appraiser has summarized above data based on his investigation and appraisal of subject property. Full documentation for values assigned can be furnished upon request.

PHOTO OF PROPERTY

SKETCH OF PROPERTY
(Showing Part taken)

FINAL VALUE ESTIMATE IS:

LAND \$ _____ BUILDINGS \$ _____ TOTAL \$ _____

Date _____ Appraiser _____

Parcel or Tax Number _____ Address _____

		Appraiser No.1			Appraiser No.2		
		Yes	No	N/A	Yes	No	N/A
	2. Is the market rent for the subject supported by market evidence?	—	—	—	—	—	—
	3. Is the market value by Gross Rent Multiplier Analysis acceptable?	—	—	—	—	—	—
D. Income Approach (Income Property)							
1.	Is the Gross Potential Income supported and <u>is it reasonable</u> ?	—	—	—	—	—	—
2.	Is the Vacancy and Credit Loss Supported	—	—	—	—	—	—
3.	Is other income included?	—	—	—	—	—	—
4.	Is the Effective Gross Income acceptable?	—	—	—	—	—	—
	5. Are all fixed and variable operating expenses included and are they reasonable?	—	—	—	—	—	—
6.	Is the Net Operating Income acceptable?	—	—	—	—	—	—
7.	Was the capitalization rate properly developed?	—	—	—	—	—	—
8.	<u>Is it reasonable</u> ?	—	—	—	—	—	—
9.	Is the capitalization value acceptable?	—	—	—	—	—	—
If an approach was not used, was an acceptable explanation provided?		—	—	—	—	—	—

RECONCILIATION AND FINAL VALUE ESTIMATE

A.	Did the appraiser adequately explain how final value estimate was selected and was the explanation reasonable?	—	—	—	—	—	—
B.	Are all math computations correct?	—	—	—	—	—	—

Signature of Reviewer

Title

Date

III. First corrections required to make appraisal reports adequate and acceptable including deficiencies not listed above).

Appraiser #1

Appraiser #2

IV. Reviewer's Recommendation of Fair Market Value: \$

V. Explain the basis for the reviewer's recommendation of Fair Market Value (if there are two or more appraisals for each parcel, the reviewer should give a comparative analysis of each parcel, the reviewer should give a comparative analysis of each appraisal report, and his/her reasoning for accepting the appraised value of one of the appraisal reports).

VI. I hereby certify that I have inspected the subject property and the appraiser's comparable sales; that I have no interest in the property, either past, present, or contemplated; that except as noted, the appraisals are complete and technically acceptable; and that the appraisals meet the requirements of the Department of Housing and Urban Development, and of the appraiser's contracts.

Date: _____ Reviewer's Name & Title: _____

VII. It is recommended that the appraiser's fee of \$ _____

_____ Be Paid _____ Not be paid for the following reasons:

_____ The reviewer recommends that the locality hire another appraiser to appraise this parcel.

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SAMPLE NOTICE OF INTENT NOT TO ACQUIRE

December 20, 2009

Mr. Wade Breaux
4150 Gus Young Avenue
West Linn, Louisiana 00000

Dear Mr. Wade Breaux,

The City of West Linn has determined not to acquire your Fourth Street property. Any person moving from the premises from the date of this notice will not be eligible for relocation payment or benefits.

Sincerely,

Deron Troy
Mayor

c: Mrs. Julia Mastus, Tenant

MUST BE SENT CERTIFIED/REGISTERED MAIL RETURN RECEIPT REQUEST

SAMPLE PROPERTY AND/OR SERVITUDE ACQUISITION **WAIVER**

I, _____, state that I have been approached by a representative of the community of _____ (herein known as the Agency) who has informed me of the Agency's intent to obtain a servitude across certain property-(ties) owned by me or obtain a certain parcel of property-(ties) owned by me.

1. I hereby acknowledge that said representative has explained to me the legal boundaries as they are set forth in the Exhibit(s) attached to this document.

The representative of said agency has further advised me of my rights under the Uniform Relocation and Real Property Acquisition Policies Act of 1970 as implemented in HUD Handbook 1378 which requires the following:

- a. That I have received the HUD brochure. "When a Public Agency Acquires Your Property."
- b. That I have the RIGHT to have a formal appraisal of the property to be acquired by the Agency prepared by an independent professional appraiser. I understand that I am entitled to receive no less than the FAIR MARKET \$ VALUE of the property as established by the appraisal.
- c. That if I choose to have an appraisal, I have a RIGHT to accompany the appraiser who prepares such appraisal when he inspects my property and that I am entitled to a written notice called an "Invitation to Accompany the Appraiser" stating the time and date on which the appraiser will examine my property and that this written document must be delivered to me by certified mail.
- d. That if I choose to have an appraisal, I have the RIGHT to a written Purchase Offer that states the amount of money said agency will pay me for this servitude or property and that this written Purchase offer must be delivered to me by certified mail.
- e. That if I choose to have an appraisal, I have the RIGHT to a written Statement of the Basis of Just Compensation which explains in detail the basis of the amount offered to me by said Agency for said servitude or property, and that this document must be delivered to me by certified mail.

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2. I acknowledge that the rights listed above in Section 1 have been explained to me in detail by a representative of the Agency and that I waive these rights and agree to donate to the Agency a servitude or parcel of property which boundaries are described in the Exhibit(s) attached to this document.

IN WITNESS WHEREOF, I have signed this document as my free and voluntary act this _____ day of _____, 20 ____.

Landowner

Witness: Name and Title of Community
Official or Staff

STATE OF LOUISIANA
PARISH OF _____

Signed and acknowledged before me this _____ day of _____,
20 __ by _____, and his/her free and voluntary act and deed.

Notary Public

My Commission expires _____, 20 _____.

RECOMMENDED LOCAL RELOCATION POLICY

Name of Agency to Contact:

Address:

Phone Number: _____

Hours of Availability: _____

Date Passed by City/Parish Council: _____

LOCAL RELOCATION POLICY

WHEREAS, _____, Louisiana hereinafter referred to as the locality, is undertaking a Community Development Program under the provisions of the Housing And Community Development Act of 1974 (Public Law 93-383) and amendments thereto;

WHEREAS, the Housing and Community Development Act of 1974 requires compliance with the relocation requirements of the Uniform Relocation and Real Property Acquisition Policies Act of 1970, hereinafter referred to as the Uniform Act, and implementing regulations issued by the Department of Housing and Urban Development (CFR Title 24, Part 42) when the acquisition of real property occurs; and

WHEREAS, the locality wishes to provide a local policy covering all probable types of relocation which may be necessary in accomplishing Disaster Recovery CDBG related activities, the following policy is hereby adopted:

I. Permanent Relocation Including Acquisition

All persons, families, or businesses displaced as a result of acquisition, in whole or in part, shall be provided with relocation assistance and compensation as authorized by the Uniform Act. Procedures and forms shall be in accordance with the HUD Relocation Handbook 1378, as revised.

II. Temporary Relocation - Owner Occupied Unit

Program activities shall be planned and carried out in a manner that minimizes hardships to occupants of houses being rehabilitated in accordance with the Disaster Recovery CDBG program.

When a homeowner requests and receives a grant or loan for the purpose of rehabilitating his home, he becomes eligible for temporary relocation assistance providing the nature of the rehabilitation is such that the occupants could not continue to live in the dwelling during rehabilitation as determined by the contractor and the Housing Rehabilitation Specialist and approved by the Planning and Evaluation Administrator.

Arrangements will be made to provide temporary relocation assistance in accordance with the needs of those being temporarily displaced, including social services, counseling, guidance, assistance, and referrals.

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Costs associated with a temporary move may be included in the rehab grant if no personal resources are available to the occupant of the dwelling to be rehabilitated. These costs normally may not exceed _____. Hardship situations will be considered on an individual basis. Costs which may be charged to the rehabilitation contract include:

Actual reasonable moving costs to the temporary relocation.

Actual reasonable cost of renting the temporary unit.
(Normally not to exceed _____ days.)

Actual reasonable cost for storage of furniture that cannot be housed in the temporary unit in the event that the family can find shelter for themselves but not their belongings.

Actual reasonable cost of moving from the temporary location back to the rehabilitated dwelling.

Eligible recipients shall not be relocated until the contractor is prepared to begin rehabilitation work and shall be returned to their homes immediately upon final inspection of their homes. All reasonable costs must be documented by dated invoices from the parties receiving the remuneration. Procedures and forms shall be in accordance with the HUD Relocation Handbook 1378, as revised.

If the unit was identified in the application for funding as a replacement unit, then the substandard unit can be demolished and a new replacement unit constructed provided all of the other provisions of these guidelines and the program are satisfied. If the unit was not identified in the application for funding as a replacement unit, then only if sufficient funding exists after all of the other units identified in the application for funding as eligible have been addressed, then the unit(s) not identified in the application for funding can be addressed based on their ranking by the grantee.

III. Tenant Assistance Policy

No tenant shall be considered displaced if the tenant has been offered a decent, safe, and sanitary dwelling unit in the project to be rehabilitated at an affordable rent.

No person displaced by rental rehabilitation activities will be discriminated against. All displaced persons shall be equally provided information, counseling, referrals, and relocation services.

No person shall be displaced because of age, race, color, religion, sex, handicap, or national origin.

All persons will be provided with information and counseling to familiarize tenants in the projects to be rehabilitated with (1) opportunities to select replacement dwellings from a full range of neighborhoods within the total housing market; (2) individual rights under the Fair Housing Law; and (3) how to search for suitable replacement housing.

IV. Permanent Relocation Without Acquisition

A. Basis:

The Demolition/Relocation Policy is designed to provide an avenue for addressing the housing needs of persons affected by actions of Federally supported Community Development Block Grant Disaster Recovery program. The basic purpose is to establish a local procedure whereby adequate, affordable, safe and sanitary housing can be provided to those persons displaced or forced to relocate as a result of housing rehabilitation activities and/or local code enforcement within the target neighborhood.

B. Approach:

This aspect of the policy addresses relocation activities which do not fall within the guidelines of the Uniform Act. This policy will be invoked in those cases where voluntary displacement and/or code related demolition of severely substandard housing units are required. Various alternatives are to be considered in providing relocation assistance to displacees, as follows:

1. Homeowners

Provision of a one-time relocation cash payment not to exceed _____, and total moving costs within a 25-mile radius.

The relocation payment will be based upon a per square foot replacement rate of _____, as defined in Section 3. This rate will be reviewed at least annually to ensure current application.

Any homeowner electing to move to rental property shall be entitled to rental relocation only.

The relocation-housing unit shall meet safety, decency, and sanitation codes.

2. Tenants

Provision of a one-time relocation payment not to exceed \$4,000, and total moving expenses within a 25-mile radius.

The total relocation payment will be based upon local rental rates for the specific bedroom category as defined by Section 8 Guidelines.

The relocation housing must meet safety, decency, and sanitation codes.

3. Payment

The relocation payment must be approved by the appropriate official.

4. Affordability

Under the local policy, rental cost shall be considered to be affordable, if the rent plus the high cost of utilities when not included in the rental rate, does not exceed the greater of the rent plus utilities paid by the tenant prior to the displacement activity or does not exceed 30 percent of the gross monthly income of all adult members of the tenant's household, including supplemental income from other public agencies whichever is higher. Purchase cost shall be considered affordable if the monthly housing cost, including the cost of all mortgage payments, real property taxes, and reasonable utility charges, does not exceed the greater of the monthly housing cost paid by the displacee prior to the displacement activity or does not exceed 30 percent of the gross monthly income of all adult members of the displacee's household, including supplemental income from other public agencies whichever is higher.

C. Basis for Relocation Payment

1. Homeowner Occupants

The payment for relocation is to be based on per square foot replacement rate of _____, to a maximum of _____, with minimum square foot allowances defined as follows:

ROOM SIZES

Location <u>(1)</u>	<u>O-BR</u>	<u>1&2-BR</u>	<u>3-BR</u>	Least <u>Dimen. (2)</u>
LR	N/A	140	150	10'-10"
DR	N/A	80	100	7'-8"
K	N/A	50	60	5'-4"
K'ette	20	25	40	3'-6"
BR(Dbl)	N/A	110	110	8'-8"
BR(Sgl)	N/A	70	70	7'-10"
LR/DA	N/A	180	200	(3)
LR/DA/K	N/A	220	250	(3)
LR/DA/SL	220	N/A	N/A	(3)
LR/SL	190	N/A	N/A	(3)
K/DA	80	80	160	(3)
K'ette/DA	60	60	90	(3)

NOTES:

(1) Abbreviations:

LU – Living Unit	K’ette – Kitchenette	LR – Living Room	BR – Bedroom
DR – Dining Room	SL – Sleeping Area	DA – Dining Area	N/A – Not Applicable
K – Kitchen	O-BR – No Separate BR		

Variations to these areas and dimensions may be permitted when existing partitions preclude precise compliance, and the available area of dimensions do not hinder furniture placement and the normal use of space.

(2) The lease dimension of each room function applies, except for the overlap or double use of space in combination rooms. It is anticipated that the square footages shown will be exceeded in virtually all cases.

2. Tenants

a. The payment for relocation is to be based upon comparable rental rates for _____ local area as defined by current Section 8 Guidelines published in the Federal Register. The payment will be based upon a one-year period, but in no instance will the total relocation payment (excluding moving expenses) exceed _____. Any variation from this will be fully documented in the subject case file.

b. Reasonable expenses within a _____ radius of the neighborhood _____ include such items as: (1) rental of vehicle trailer for moving purposes; (2) _____ reimbursement of utility deposits; and (3) temporary relocation costs, as necessary.

c. In the event a displacee is relocated to subsidized rental unit (such as Section _____ 8, 202, public housing, etc.), the relocation payment will be based upon the _____ unsubsidized portion of the monthly rental payment only.

V. Characteristics of the Area

The specific target area, locally known as _____, is one of the most depressed areas within the locality. The area has a total population of 3,225 persons, of which 56 percent is minority and 86 percent is in the low/moderate income category. Of the total resident population, 17 percent is over the age of 62. Of the total housing stock, approximately 55 percent is substandard, and of these units, a significant number should be vacated and demolished.

VI. Example Relocation Plan

It is anticipated that few cases will require utilization to the Uniform Act provisions. There is no plan to acquire subject properties unless absolutely necessary. There are 2-3 occupied units which should be razed and the occupants relocated (in addition to those vacant units scheduled for demolition). These units are severely deteriorated beyond any possibility for rehabilitation. Even emergency repair is inadequate to address any significant portion of the problem. These units should be vacated through local code enforcement or voluntary action, and families should be relocated. Of the total number, three are owner occupied and the balance is composed of rental units.

Relocation will be under taken in accordance with procedures established herein. In order to assure maximum choice referrals and relocation assistance will be provided to all displaces. This will include at a minimum:

1. contacting local housing lenders as necessary.
2. referrals to local realty agencies (multiple listing services).
3. transportation assistance as necessary.
4. provide contact lists of local rental complexes (both subsidized and unsubsidized).
5. assist with processing for Section 8, 202, PHA, etc., as applicable.

Whenever possible, tenant displaces will be afforded the opportunity to relocate to a subsidized unit under the Section 8 Existing or similar program.

VII. Applicable Regulations

The Demolition/Relocation Policy will be implemented in accordance with the following HUD regulations:

1. Section 1 of the Civil Rights Act of 1966 (42 U.S.C. 1982 et. seq.)
2. Title VI of the Civil Rights Act of 1965 (42 U.S.C. 200 d et. seq.)
3. Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et. seq.)
4. The National Governmental Policy Act of 1969 (42 U.S.C. 4321-4347)
5. Executive Order 11063, Equal Opportunity in Housing (2 CFR Comp. 1964-65, page 652)
6. Executive Order 11246, Equal Employment Opportunity (3 CFR Comp. 1971, page 339, as amended)
7. Executive Order 11625, Minority Business Enterprise (3 CFR Comp. 1971, page 213 (ref. 1276.1:9/79-11-4))

VIII. Grievance Procedures

See Attached Procedure.

GRIEVANCE PROCEDURE

Grounds

You have the right to appeal any action of the City/Parish on the following grounds:

1. Failure to properly determine your eligibility for, or the amount of, a relocation or other payment due you under the Uniform Act;
2. Refusal to waive the time limit for filing a claim or the one-year purchase and occupancy requirement;
3. Failure to properly inspect the replacement dwelling;
4. Failure to comply with a requirement of 24 CFR 42.209 (Availability of Comparable Replacement Dwellings Prior to Displacement); and
5. Failure to comply with a requirement of 24 CFR 42.207 (Notice of Right to Continue in Occupancy).

Your acceptance of the amount offered you by the City/Parish does not limit your right to appeal the City/Parish's determination and seek a larger payment.

Methods and Time Limits for Initiating an Appeal

If your appeal concerns your eligibility for, or the amount of, a payment, you must file your appeal with 6 months after the City/Parish notifies you of its determination on your claims.

If your appeal concerns an alleged failure to provide appropriate housing referrals or to properly inspect the replacement dwelling or to comply with 24 CFR 42.209 (Availability of Comparable Replacement Dwellings Prior to Displacement), you must file your appeal with 6 months after you have been displaced from your home or apartment.

If your appeal concerns an alleged failure to comply with 24 CFR 42.207 (Notice of Right to Continue in Occupancy), you must file your appeal no later than 6 months after (a) your permanent move from your home or apartment; or (b) the end of the four-year occupancy period, whichever comes first.

If your appeal concerns the City/Parish's refusal to waive the one-year purchase and occupancy requirement, your appeal must be filed within 30 days after the refusal.

You may make a request to the City/Parish, either orally or in writing, to make an oral appeal. The City/Parish will provide you with the opportunity for an oral presentation within 15 days of your request. If the City/Parish does not grant your grievance, you will be so notified and informed you have the right to make a written appeal. However, the request for an oral presentation does not entitle you to any postponement of displacement.

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You may also file a written request for review. In your written request for review, you may include any statement of fact or other material which you feel has a bearing on your appeal. If more time is needed to gather and prepare additional material for review, you may be granted additional time so you have at least 30 days from the date of receiving notification of the decision concerning your appeal. If you need assistance in preparing your material, the City/Parish will help you and will also tell you about other available sources of assistance. After you have submitted the new information in support of your request for review, the City/Parish will reach a decision within 30 days. It will send you a copy of the decision, a statement of the facts and legal basis upon which it is based, a description of how any new payments or relief will be provided to you, and, if your appeal was not totally granted, a statement of your right to appeal the City/Parish's decision to the Louisiana Office of Community Development/Disaster Recovery Unit (OCD/DRU) where you can file such an appeal.

Appeal to the OCD/DRU

If the City/Parish disapproves your appeal, you are entitled to a review by the OCD/DRU. You may obtain an OCD/DRU review by sending a written request to the OCD/DRU within 30 days after you receive the review findings from the City/Parish. You will receive a letter containing the State's decision, together with a written statement of the facts upon which the decision is based.

In any review of your appeal by the City/Parish or the OCD/DRU, you have the right to be represented by a lawyer of other counsel, and you may appeal any final decision by the OCD/DRU to the Courts.

If you have any questions concerning these procedures, do not hesitate to contact:

Ms. Ellen Smith, Relocation Officer
City Hall, West Linn, Louisiana 70801
or telephone: 555-1212

Occupant's Signature

City/Parish Representative

Date

Occupant's Address

SAMPLE HOUSEHOLD CASE RECORD

DATE OF ORIGINAL INTERVIEW: _____

NAME OF INTERVIEWER: _____

HOUSEHOLD SURVEY

Name of Occupant: _____ Address: _____ _____ Census Tract: _____ Phone: Day _____ Night _____ Date of Original Occupancy: _____	Racial/Ethnic Classification: _____ Contact in Case of Emergency Name: _____ Address: _____ Phone: _____ Tenure: _____
--	---

CHARACTERISTICS OF CURRENT UNIT

of Rooms: _____ # of Bedrooms: _____ # of Bathrooms: _____ Approximate Square Footage: _____ Accessibility to Shopping: _____ Medical: _____ Public Transit: _____ Other Services: _____ _____ _____

HOUSING COSTS OF CURRENT UNIT

	TENANT	OWNER
Rent:	\$ _____	Monthly Mortgage: \$ _____
Avg. Utilities:	\$ _____	Average Utilities: \$ _____
Total Monthly Housing Cost:	\$ _____	Real Property Taxes: \$ _____
		Total Monthly Housing Costs: \$ _____

HOUSEOLD CHARACTERISTICS

Name	Age	Sex	Relationship With Household Head	Gross Monthly Income	Employer/Source of Income			
					Amount	Source of Income	Phone	Date/Initials of Person Verifying Data

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REPLACEMENT HOUSING PREFERENCES

Tenure: _____ Own: _____ Rent: _____ Subsidized: _____

Other (Specify): _____

Location of Neighborhood: _____

Pets, Garage, etc: _____

Preferred Maximum Monthly Housing Cost: \$ _____

REPLACEMENT HOUSING NEEDS

of Rooms: _____

of Bedrooms: _____

of Bathrooms: _____

Approximate Square Footage: _____

Maximum Monthly Housing Cost: \$ _____

SPECIAL NEEDS:

_____ School Age Children

_____ Handicapped (Specify): _____

_____ Other (Specify): _____

HOUSING REFERRALS

Date	Address	Type of Unit			Size of Unit		Monthly Rent/Sales Price	Date Available	Low Income or Minority Area	Action on Referral/Reason for Rejection	Relocatee Initials
		Rental	Sales	Subsidized	# of Rooms	# of Bedrooms					

SERVICES AND ASSISTANCE PROVIDED

Date	Nature of Contact Assistance Provided	Person Providing Service	Results of Assistance or Contact

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REPLACEMENT UNIT

Date of Move: _____ Address: _____

Area of Low-Income or Minority Concentration: ____Yes ____No

INSPECTION

Date Inspected: _____

Decent, Safe and Sanitary: ____Yes ____No

Date of Re-Inspection: _____

of Rooms: _____

#of Bedrooms: _____

Accessibility to Services: _____

MONTHLY HOUSING COSTS

RENTAL

SALES

Rent: \$ _____ Mortgage Payment: \$ _____

Estimated Utilities: \$ _____ Real Property Tax: \$ _____

Total Monthly Housing Cost: \$ _____ Estimated Utilities: \$ _____

Total Monthly Housing Costs: \$ _____

Sales Price: \$ _____

TEMPORARY RELOCATION

Date	Reason	Address	Rental
			\$
			\$
			\$
			\$
			\$
			\$

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RELOCATION PAYMENTS

Type	Paid	Date and Amount	Receipt Acknowledged
Moving: Fixed Actual			
Housing: Rental Down Payment 180 Homeowner			
Rent			
Other			
Total			

APPEALS

APPEAL FILED	TYPE OF APPEAL
Yes _____	Payments _____
No _____	Housing _____
	Other _____

HUD FORM 5280

Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection	Date of Last Inspection (mm/dd/yyyy)	PHA

A. General Information

Inspected Unit	Year Constructed (yyyy)	Housing Type (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
Owner		
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
Address of Owner or Agent		

B. Summary Decision On Unit (To be completed after form has been filled out)

<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/> Fail		
<input type="checkbox"/> Inconclusive		

Inspection Checklist

Item No.	1. Living Room	Yes Pass	No Fail	In-Conc	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

Clear All Form Fields

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
2. Kitchen						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
3. Bathroom						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					

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Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)	
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electricity/Illumination						
4.3	Electrical Hazards						
4.4	Security						
4.5	Window Condition						
4.6	Ceiling Condition						
4.7	Wall Condition						
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/L			(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electricity/Illumination						
4.3	Electrical Hazards						
4.4	Security						
4.5	Window Condition						
4.6	Ceiling Condition						
4.7	Wall Condition						
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electricity/Illumination						
4.3	Electrical Hazards						
4.4	Security						
4.5	Window Condition						
4.6	Ceiling Condition						
4.7	Wall Condition						
4.8	Floor Condition						
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable		
4.10	Smoke Detectors						

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear ____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
5. All Secondary Rooms (Rooms not used for living)						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				<input type="checkbox"/> Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				<input type="checkbox"/> Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.
Check/list any positive features found in relation to the unit.

1. Living Room

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

2. Kitchen

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

3. Other Rooms Used for Living

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

4. Bath

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

5. Overall Characteristics

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping)
- Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

6. Disabled Accessibility

Unit is accessible to a particular disability. Yes No
Disability _____

D. Questions to ask the Tenant (Optional)

1. Does the owner make repairs when asked? Yes No
2. How many people live there? _____
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
6. Is there anything else you want to tell us? (specify) Yes No

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E. Inspection Summary/Comments (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit
Type of Inspection	Initial <input type="checkbox"/>	Special <input type="checkbox"/>	Reinspection <input type="checkbox"/>
Item Number	Reason for "Fail" or "Pass with Comments"		Rating

Continued on additional page Yes No

Previous editions are obsolete

HUD FORM 40061

Selection of Most Representative Comparable Replacement Dwelling for Computing a Replacement Housing Payment

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0016
(exp. 10/31/2011)

1. Agency	2. Project	3. Household	4. Select One <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	5. Case Number
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Public reporting burden for this collection of information is estimated to average 1.0 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining the most comparable and available replacement housing and its cost to be used by Agencies in computing a replacement housing payment for displaced persons. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a payment to help you rent or buy a new home. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.

Factors (see back of page)	Displacement Dwelling	Comparable No. 1	Comparable No. 2	Comparable No. 3
Address				
Type of Unit				
Stories / Style				
Lot Size				
Type of Construction				
Age (in years)				
Condition				
Area of Living Space (sq. ft.)				
No. Rooms/Bedrooms /Baths	/ /	/ /	/ /	/ /
Basement				
Parking/No. of Cars				
Type of Heating /Fuel	/	/	/	/
Type of Air Conditioning				
Neighborhood				
Transportation (distance)				
Current Work (distance)				
High School/Grade School (distance)	/	/	/	/
Neighborhood Shopping (distance)				
Religious Facility (distance)				
Sale Price or Rent/Utility Costs	\$	\$	\$	\$
Other				
Date of Inspection				
Date Available				
Most Representative Comparable Replacement Dwelling (Check "Comparable no. 1, 2, or 3" and complete Comments)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Include appropriate analysis and correlation of data. If Agency makes adjustment to the asking price for a comparable replacement dwelling to reflect the anticipated sale price, indicate the basis for the adjustment. For rental units, indicate utilities included in rent and provide estimates for other utility costs. Indicate availability of any housing subsidy. If condominium or cooperative, indicate required fees. (Continue on back of page)

Comments continued on back of page Yes No

Prepared By	Date (mm/dd/yyyy)	Approved by	Date (mm/dd/yyyy)
-------------	-------------------	-------------	-------------------

Comments Continued:

Comments continued on a separate page Yes No

Factors	Examples
Type of Unit	Detached, Row, End Row, Townhouse, Highrise Apartment, Mobile Home (Indicate whether this is subsidized housing)
Stories	1, 1 1/2, 2, 2 1/2, Split Level, Split Foyer
Style	Colonial, Cape, Ranch, Contemporary, Tudor, Mediterranean
Type of Construction	Frame, Masonry, Pre-Fab, Stone, Concrete Block, Concrete, Veneer (wood, brick, or aluminum siding)
Condition	Poor, Fair, Good, Very Good, Excellent
Basement	Full, Partial (1/2), None; Finished or Unfinished
Parking	Attached, Built-In, Detached, Carport Paved Open Area, Unpaved Open Area, None
Type of Heating	Forced Air, Hot Water, Electric, Heat Pump, Steam, Space Heater, Solar, None
Type of Fuel	Natural Gas, Propane Gas, Oil, Electric, Coal, Solar
Type of Air Conditioning	Central, Wall, Window, None
Neighborhood	Poor, Fair, Good, Very Good, Excellent. (Based on characteristics such as vacancy levels, quality and maintenance of dwellings, landscaping, Street Maintenance, Trash Pickup, and Nonconforming land uses)
Other	Swimming Pool, Fireplace, Patio, Porch, Greenhouse

SAMPLE LETTER TO RELOCATE IN A SUBSTANDARD UNIT

Date: _____

Dear _____:

Relocation regulations established by Federal law will not permit the City to make a rental assistance payment to you until you move into an apartment or house that meets their definition of a “decent, safe and sanitary” replacement unit. Your new apartment does not meet this definition because:

1. The wiring does not meet the City electrical code.
2. A two-bedroom apartment is too small for a family of five (two adults, one 16 year old son, one 14 year old daughter, and an 11 year old son).

In order to be eligible for a replacement housing payment, you must move into an apartment or house that meets all these requirements within one year from the date you moved from your old apartment on Ash Street. You have to move into a qualified apartment or house by November 15, 2003 to be eligible. Ms. Ellen Smith has a list of eligible houses and apartments and will help you find one and will arrange inspections of any apartments or houses you find on your own. Her phone number is 441-4444.

If you move into a “decent, safe and sanitary” house or apartment by November 15, 2003, you would be eligible to receive a rental assistance up to a maximum of \$4,000 to cover the difference in the monthly cost between your old apartment and a new apartment for four years, or the difference between your new rent and 30 percent of your gross monthly income, whichever is less. This payment will be made in a lump sum if you file a claim for benefits within 18 months after the date you move into a “decent, safe and sanitary” apartment or house.

If you choose to purchase a home, you would be eligible for \$2,000 for down payment assistance. Up to an additional \$2,000 would be available if you match it dollar for dollar (i.e., if you put in \$500, you would get an extra \$500; if you put in \$2,000, you would get an additional \$2,000) for a total of \$4,000 in down payment assistance. You are entitled to these benefits if you move into a “decent, safe and sanitary” replacement until by November 15, 2003 and file a claim within 18 months of completing the move. The City has already set aside money to pay you.

In order to receive these benefits, you must relocate into a standard unit. Please contact Ellen Smith. She will help you find and move into a standard unit. She is available to answer any questions you might have.

Sincerely,

Mary Simmons
City Secretary

10-19

SAMPLE 90-DAY/30-DAY NOTICE TO VACATE

Date: _____

Dear _____:

As you know, the City is purchasing your home (or apartment). The purchase will be completed on (this date; must be no later than 60 days after date of this letter). We have been in contact with you since (date) to help you locate and move into suitable replacement housing. We have referred you to (number) such units.

The house (or apartment) you are now living in must be vacated in 90-days, by (this date; must be at least 90-days after date on this letter). We will send you a second notice 30 days before you must vacate.

If you have any questions or need additional assistance in completing your move, please call Ms. Ellen Smith at 555-1212.

Sincerely,

Ellen Smith
City Secretary

30 DAY NOTICE TO VACATE

Date: _____

Dear _____:

This letter is to inform you that you must vacate this house (or apartment) within 30 days, on (this date, must be 30 days after date of this letter, and 30 days after the City has title).

If you have any questions or need additional assistance to complete your move, please call Ms. Ellen Smith at 555-1212.

Sincerely,

Ellen Smith
City Secretary

LIST OF ELIGIBLE ACTIVITIES - MOVING

Eligible:

1. Transportation of the displaced person and personal property. (This may include reimbursement at the current mileage rate for personally owned vehicles that need to be moved). Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified.
2. Packing, crating, uncrating and unpacking of the personal property.
3. Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
4. Disconnecting, dismantling, removing, reassembling, and reinstalling relocated household appliances, and other personal property. Insurance for the replacement value of the property in connection with the move and necessary storage.
5. The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft or damage is not reasonably available.
6. Credit checks.
7. Utility hook-ups, including reinstallation of telephone and cable service.
8. Other costs as determined by the agency to be reasonable and necessary.

Ineligible:

1. Refundable security and utility deposits; or
2. Interest on a loan to cover moving expenses; or
3. Personal injury; or
4. Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the Agency; or
5. The cost of moving any structure or other real property improvement in which the displaced person reserved ownership; or
6. Costs for storage of personal property on real property owned or leased by the displaced person before the initiation of negotiations.

SAMPLE ELDERLY WAIVER FOR RELOCATION

**OUR PROGRAM
STREET ADDRESS
CITY, STATE, ZIP
PHONE**

*The following sample certification reflects policies that could be adopted for an elderly waiver provision.
No policy should be adopted without consideration by legal counsel.*

I, _____, the undersigned,

_____ choose to remain in my home while rehabilitation work by [the City of _____] is being performed.

_____ choose to relocate to another unit while the work is being performed.

I have made this choice having read and understood the following:

1. I am at least 62 years old.
2. My home was built before 1978.
3. I have received the pamphlet "Protecting Your Family from Lead in Your Home" and I am aware of the health hazards that are posed by lead-based paint.
4. I have been given a description of work that will be done in my home and understand that during the course of the work, lead hazards may be created in the work area. These hazards will be fixed before the job is considered complete.
5. I may stay in my home but I may not enter the work area while work is being performed.
6. I certify that no children under age six or women of childbearing age currently live in the unit or spend significant amounts of time in the unit.
7. I understand that allowing children under age six or women of childbearing age to visit my home while work is being done may pose a risk to their health.
8. I waive rights to all damages. I agree to hold harmless the [City of _____] for any damages due to lead poisoning that occur on these premises during the course of the work.

Signed:

Name Date Name Date

10-22

SAMPLE TEMPORARY RELOCATION NOTICE (TENANT)

Grantee or Agency Letterhead

(Date)

Name of Tenant
Address
City, State, Zip

Dear _____:

In the Notice of Nondisplacement we sent you on ____(date)____, we indicated that you might be required to move out of your home temporarily in order for the necessary ____(rehab/repairs)____ to be completed. This notice is to inform you that you will be required to move out of your home on ____(date)____ for a period of ____(number of months – not to exceed six months)____.

The conditions of your temporary move are as follows:

- You may identify your own temporary housing unit, but it must be inspected by the ____(Agency)____ and found to be decent, safe and sanitary. The ____(Agency)____ is also available to assist you in identifying a suitable temporary housing unit.
- If you choose to stay with a family member or friend and you pay rent during your stay, you must be able to provide the ____(Agency)____ with proof of any rental payments.
- You will be reimbursed for all out-of-pocket expenses, including the cost of moving to and from the temporary unit, of changing utilities, of storage, and increased rent.
- If there are no cooking facilities in your temporary unit, you will be provided with an adequate meal stipend.

Upon completion of the required ____(rehab/repairs)____, you will be allowed to return to the project. The ____(Agency)____ will contact you periodically during your temporary move to update you on the status of the ____(rehab/repairs)____ and to assist you with your move back to your home. In the interim, if you have any questions or concerns about the temporary relocation process, please contact ____(Contact Name)____ at ____(Address)____ or ____(Telephone Number)____.

Please keep this notice in your files.

Sincerely,

(Authorized Signature)

10-23

SAMPLE GENERAL INFORMATION NOTICE **NONRESIDENTIAL TENANT TO BE DISPLACED**

Grantee or Agency 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.

10-23

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

=====

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.

Comments Continued:

Comments continued on a separate page Yes No

Factors	Examples
Type of Unit	Detached, Row, End Row, Townhouse, Highrise Apartment, Mobile Home (Indicate whether this is subsidized housing)
Stories	1, 1 1/2, 2, 2 1/2, Split Level, Split Foyer
Style	Colonial, Cape, Ranch, Contemporary, Tudor, Mediterranean
Type of Construction	Frame, Masonry, Pre-Fab, Stone, Concrete Block, Concrete, Veneer (wood, brick, or aluminum siding)
Condition	Poor, Fair, Good, Very Good, Excellent
Basement	Full, Partial (1/2), None; Finished or Unfinished
Parking	Attached, Built-In, Detached, Carport Paved Open Area, Unpaved Open Area, None
Type of Heating	Forced Air, Hot Water, Electric, Heat Pump, Steam, Space Heater, Solar, None
Type of Fuel	Natural Gas, Propane Gas, Oil, Electric, Coal, Solar
Type of Air Conditioning	Central, Wall, Window, None
Neighborhood	Poor, Fair, Good, Very Good, Excellent. (Based on characteristics such as vacancy levels, quality and maintenance of dwellings, landscaping, Street Maintenance, Trash Pickup, and Nonconforming land uses)
Other	Swimming Pool, Fireplace, Patio, Porch, Greenhouse

10-24

SAMPLE NOTICE OF URA ELIGIBILITY – NONRESIDENTIAL

Guideform Notice of Eligibility for URA Relocation Assistance - Nonresidential
(Businesses, Nonprofit Organizations, or Farms)

Grantee or Agency Letterhead

(date)

Dear _____:

On (date), we notified you of our proposed project and that your (*business, nonprofit organization or farm*) located at ___(address)_____ may be displaced as a result of that project. On (date) the project was approved and will be receiving HUD funding assistance under (*name of HUD program/s*). **It has been determined that your (*business, nonprofit organization or farm*) will be displaced by the project.** Since your (*business, nonprofit organization or farm*) is 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 of such notice. Enclosed is a brochure entitled, "Relocation Assistance to Displaced Businesses, Nonprofit Organizations and Farms." 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. **Do not move or commit yourself to renting or purchasing a replacement location at this time.** A representative of the Agency will assist you with your move and help ensure that you preserve your eligibility for all relocation payments for which you may be entitled. Some of the relocation assistance for which you are entitled includes:

Relocation Advisory Services to help you find a suitable replacement location and to provide other assistance in connection with your move. Payment for Moving and Reestablishment Expenses. You may be eligible for:

(1) A payment for your actual reasonable moving and related expenses; including payment for reestablishment expenses of up to \$10,000, *or*

(2) A fixed moving 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.

10-24

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

NOTICE OF RELOCATION ASSISTANCE - DISPLACED BUSINESSES

**RELOCATION ASSISTANCE
TO DISPLACED BUSINESSES,
NONPROFIT ORGANIZATIONS
AND FARMS**
www.hud.gov/relocation

**U.S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

Introduction

This booklet describes the relocation assistance and payments provided to displaced businesses, nonprofit organizations and farms under the **Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended** (URA). This includes any such occupant that moves from real property, or moves personal property from real property, as a direct result of acquisition, rehabilitation or demolition for a Federal project or a project in which Federal funds are used.

If you are notified that you will be displaced, it is important that you **do not move** before you learn what you must do to receive the relocation payments and other assistance to which you are entitled.

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.

This booklet may not answer all of your questions. If you have more questions about your relocation, contact the Agency responsible for the project. (Check the back of this booklet for the name of the person to contact at the Agency.) Ask your questions before you move. Afterwards, it may be too late.

Summary of Relocation Assistance

As an eligible displaced person, you will be offered the following advisory and financial assistance:

- **Advisory Services** includes referrals to suitable replacement locations, help in preparing claim forms for relocation payments and other assistance to minimize the impact of the move.
- **Payment for Moving and Reestablishment Expenses** falls into two general categories:
 - * **Payment for Actual, Reasonable Moving and Related Expenses.** If you choose this payment, you may also be eligible for a **Payment for Reestablishment Expenses**, up to \$10,000.
 - * **Fixed Payment** ("In Lieu Of" Payment). As an alternative to receiving payment for your actual, reasonable and related moving and reestablishment expenses, certain persons are eligible to choose a **Fixed Payment** in the amount of \$1,000 - \$20,000.

General Questions

How Will I Know I Am Eligible For Relocation Assistance?

You should receive a written notice explaining your eligibility for relocation assistance. You should not move before receiving that notice. If you do, you may not be eligible for relocation assistance.

How Will The Agency Know How Much Help I Need?

You will be contacted at an early date and personally interviewed by a representative of the Agency to determine your relocation needs and preferences.

How Soon Will I Have To Move?

Every reasonable effort will be made to provide you with sufficient time to find and reestablish your business in a suitable replacement location. If possible, a mutually agreeable date for the move will be worked out. You will be given enough time to make plans for moving. Unless there is a health or safety emergency, you will not be required to move without at least 90 days advance written notice.

How Will I Find A Replacement Location?

The Agency will provide you with current information on available replacement locations that meet your needs. The Agency may also provide you with the names of real estate agents and brokers who can assist you in finding the type of replacement location you need.

While the Agency will assist you in obtaining a suitable replacement location, you should take an active role in finding and relocating to a location of your choice; no one knows your needs better than you. When searching for a replacement location for your business, you should ensure that there are no zoning or other requirements which will unduly restrict your planned operations.

What Other Assistance Will Be Available To Help Me?

In addition to help in finding a suitable replacement location, other assistance, as necessary, will be provided by the Agency. This includes providing information on Federal, State, and local programs that may be of help in reestablishing a business. For example, the Small Business Administration (SBA) provides managerial and technical assistance to some businesses.

You should ask the Agency representative to tell you about the specific services that may be available to help you.

I Have A Replacement Location And Want To Move. What Should I Do?

Before you make any arrangements to move, notify the Agency as soon as possible. The Agency will discuss the move with you and advise you of the relocation payment(s) for which you may be eligible, the requirements to be met, and how to obtain a payment.

I Plan To Discontinue My Business Rather Than Move. What Should I Do?

If you have decided to discontinue your business rather than reestablish, you may still be eligible to receive a payment. Contact the Agency and discuss your decision to discontinue your business. You will be informed of the payment, if any, for which you may be eligible and the requirements that must be met to obtain the payment.

I Own This Property. Will I Be Paid For It Before I Have To Move?

If you reach a negotiated agreement to sell your property to a public agency, you will not be required to move before you receive the agreed purchase price. If the property is acquired through an eminent domain proceeding, you cannot be required to move before the estimated fair market value of the property has been deposited with the court. (You should be able to withdraw this amount immediately, less any amounts necessary to pay off any mortgage or other liens on the property and to resolve any special ownership problems. Withdrawal of your share of the money will not affect your right to seek additional compensation for your property.)

Ask the Agency to provide you a copy of the HUD information brochure, **When a Public Agency Acquires Your Property (HUD-1041-CPD)**. If you have any questions about the acquisition of your property, please contact the Agency.

What Moving Expenses Are Eligible For Payment?

If you choose a Payment For Actual, Reasonable Moving and Related Expenses, you may include in your claim the reasonable and necessary cost of:

- Transportation of the displaced person and personal property. Transportation costs beyond 50 miles are ineligible, unless the Agency determines that relocation beyond 50 miles is justified.
- Packing, crating, unpacking, and uncrating personal property.
- Disconnecting, dismantling, removing, reassembling, and reinstalling relocated personal property including machinery, equipment, substitute personal property, and connections to utilities available within the building; it also includes modifications to the personal property, including those mandated by Federal, State or local law, code or ordinance, necessary to adapt it to the replacement structure, the replacement site, or the utilities at the replacement site, and modifications necessary to adapt the utilities at the replacement site to the personal property.

- Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
- Insurance for the replacement value of the property in connection with the move and necessary storage.
- The replacement value of property lost, stolen, or damaged in the process of moving where insurance covering such loss, theft, or damage is not reasonably available.
- Any license, permit, fees or certification required at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, fees or certification.
- Professional services as the Agency determines to be actual, reasonable and necessary for: Planning the move of the personal property; Moving the personal property; and Installing the relocated personal property at the replacement location.
- Relettering signs and replacing stationery on hand at the time of displacement that are made obsolete as a result of the move.
- Actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business or farm operation. The payment shall consist of the lesser of:
 - (1) The fair market value in place of the item, as is for continued use, less the proceeds from its sale; or
 - (2) The estimated cost of moving the item as is, but not including any allowance for storage or for reconnecting a piece of equipment, if the equipment is in storage or not being used at the acquired site. If the business or farm operation is discontinued, the estimated cost of moving the item shall be based on a moving distance of 50 miles.
- The reasonable cost incurred in attempting to sell an item that is not to be relocated.
- Purchase of substitute personal property. If an item of personal property, (which is used as part of a business or farm operation) is not moved but is promptly replaced with a substitute item that performs a comparable function at the replacement site, the displaced person is entitled to payment of the lesser of: (1) The cost of the substitute item, including installation costs at the replacement site, minus any proceeds from the sale or trade-in of the replaced item; or (2) The estimated cost of moving and reinstalling the replaced item but with no allowance for storage.
- Searching for a replacement location. A business or farm operation is entitled to reimbursement for actual, reasonable expenses, not to exceed \$2,500, which are incurred in searching for a replacement location, including: Transportation; meals and lodging away from home; time spent searching, obtaining permits, attending zoning hearings and negotiating the purchase or lease of a replacement site (based on reasonable salary or earnings); fees paid to a real estate agent or broker to locate a replacement site (exclusive of any fees or commissions related to the purchase of such sites).
- Low value/high bulk. When the personal property to be moved is of low value and high bulk, and the cost of moving the property would be disproportionate to its value in the judgment of the displacing Agency, the allowable moving cost

payment shall not exceed the lesser of: (1) the amount which would be received if the property were sold at the site or (2) the replacement cost of a comparable quantity delivered to the new business location. Examples include, but are not limited to, stockpiled sand, gravel, minerals, metals and other similar items of personal property as determined by the Agency.

In addition to the eligible expenses for moving personal property listed above, the following items are also eligible moving expenses if the Agency determines they are actual, reasonable and necessary:

- Connection to available nearby utilities from the right-of-way to improvements at the replacement site.
- Professional services (based on a reasonable Agency pre-approved hourly rate) performed prior to the purchase or lease of a replacement site to determine its suitability for the displaced person's business operation including but not limited to, soil testing, feasibility and marketing studies (excluding any fees or commissions directly related to the purchase or lease of such site).
- Impact fees or one time assessments for anticipated heavy utility usage.

The Agency will explain all eligible moving and related costs, as well as those which are not eligible. You must be able to account for all costs that you incur; so keep all your receipts. The Agency will inform you of the documentation needed to support your claim.

You may elect to pay your moving costs yourself and be repaid by the Agency or, if you prefer, you may have the Agency pay the mover. In either case, select your mover with care. The Agency can help you select a reliable and reputable mover.

Also, keep the Agency informed about your moving plans. You must provide the Agency reasonable advance written notice of the approximate date of the start of your move or disposition of your personal property and an inventory of the items to be moved. The Agency may agree to waive this requirement. You must permit the Agency to make reasonable and timely inspections of the personal property at the old and new locations and to monitor the move.

What Is A Payment For Reestablishment Expenses?

If you choose to receive a payment for your actual moving and related expenses, you may also be eligible to receive a payment for reestablishment expenses, not to exceed \$10,000. Such expenses must be reasonable and necessary, as determined by the Agency. They include, but are not limited to the following:

- Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance.
- Modifications to the replacement property to accommodate the business operation or make replacement structures suitable for conducting the business.
- Construction and installation costs for exterior signing to advertise the business.

- Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint, paneling, or carpeting.
- Advertisement of replacement location.
- Estimated increased costs of operation during the first 2 years at the replacement site for such items as: Lease or rental charges; Personal or real property taxes; Insurance premiums; and Utility charges, excluding impact fees.
- Other items that the Agency considers essential to the reestablishment of the business.

What Is A Fixed Moving Payment (“In Lieu Of” Payment)?

Certain businesses, nonprofit organizations and farms are eligible to obtain a Fixed Moving Payment, “in lieu of” receiving a payment for Actual, Reasonable Moving and Related Expenses and a Payment for Reestablishment Expenses. The Fixed Payment for a business or farm operation is based on the average annual net earnings of the business or farm operation; the Fixed Payment for a nonprofit organization is based on average annual gross revenues less administrative expenses. A Fixed Payment will not be less than \$1,000, nor more than \$20,000. Check with the Agency to see if you are eligible for this payment option.

The Agency will inform you as to your eligibility for this payment and the documentation you must submit to support your claim.

Remember, when you elect to take this payment you are not entitled to reimbursement for any other moving or reestablishment expenses.

Must I File A Claim For A Relocation Payment?

Yes. You must file a claim for a relocation payment. The Agency will, however, provide you with the required claim form, help you to complete it, and explain the type of documentation that you must submit in order to receive the payment.

All claims for relocation payments must be filed no later than 18 months after: For tenants, the date of your move. For owners, the later of (1) the date of your move; or (2) the date of final payment for the acquisition of your property.

However, it is to your advantage to file as soon as possible after you move. The sooner you submit your claim, the sooner it can be processed and paid. If you are unable to file your claim within 18 months, ask the Agency to consider extending this period. You will be paid promptly after you file an acceptable claim. If there is any question regarding your right to a relocation payment or the amount of the payment, you will be notified of the problem in writing and the action you must take to resolve the matter.

If you must pay any relocation expenses before you move, discuss your needs with the Agency. You should be able to obtain an advance payment. An advance payment may be placed in "escrow" to ensure that the move will be completed on a timely basis.

Will I Have To Pay Rent To The Agency Before I Move?

If the Agency acquires your property, you may be required to pay a fair rent to the Agency for the period between the acquisition of the property and the date that you move. Such rent will not exceed the market rent for comparable properties in the area.

Do I Have To Pay Federal Income Taxes On My Relocation Payments?

No. Section 216 of the URA states that you need not report relocation payments as part of your gross income for Federal tax purposes. For information on State or local income taxes, you should check with the State or local income tax office in your area or with your personal tax advisor.

If I Don't Receive The Required Assistance, Can I Appeal?

Yes. If you disagree with the Agency's decision as to your right to relocation assistance or the amount of a payment, you may appeal the decision to the Agency. The Agency will inform you of its appeal procedures. At a minimum, you will have 60 days to file your appeal with the Agency after you receive written notification of the Agency's determination on your claim. Your appeal must be in writing. However, if you need help, the Agency will assist you in preparing your appeal.

If you are not satisfied with the Agency's final decision on your appeal, you may seek review of the matter by the courts.

I Have More Questions. Who Will Answer Them?

If you have further questions after reading this booklet, contact the Agency and discuss your concerns with the Agency representative.

Agency:

Address:

Office Hours:

Telephone Number:

Person to Contact:

HUD FORM 40055

Claim for Actual Reasonable Moving and Related Expenses - Nonresidential (49 CFR 24 Subpart D)

U.S. Department of Housing and Urban Development

OMB Approval No. 2506-0016 (exp. 10/31/2011)

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of displaced businesses, nonprofit organizations, and farms that wish to claim a payment for **Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses**, rather than claim a **Fixed Payment**, under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). The Agency will explain the difference between the two payments and will help you complete this form. HUD provides information on these requirements and other guidance materials on its website at www.hud.gov/relocation. If you are eligible for either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. **All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).**

Attach supplemental pages as necessary. All expenses must be thoroughly identified and be accompanied by receipts or other appropriate documentation to be eligible for payment. Professional services and other claims for time expended based on salaries, earnings or fees related to 49 CFR 24.301(g)(12), 24.301(g)(17)(iii)-(vi), and 24.303(b), must be actual, reasonable, necessary, and should be preapproved by the Agency.

(Eligible Moving Expenses: See 24.301(g)(1)-(7); 24.301(g)(11)-(18) & 24.303; **Ineligible Moving Expenses:** See 24.301(h))

(Eligible Reestablishment Expenses: See 24.304(a); **Ineligible Reestablishment Expenses:** See 24.304(b))

Section A. General

1. Name of Business, Farm or Nonprofit Organization	2. Name, Title, Address and Telephone Number of Claimant or Claimant's Authorized Agent	
3. Address from which Business, Farm or Nonprofit Organization moved		
4a. Address to which Business, Farm or Nonprofit Organization moved	4b. Date Move Started (mm/dd/yyyy)	4c. Date Move Completed (mm/dd/yyyy)
5. Type of Operation (Check One) <input type="checkbox"/> Business <input type="checkbox"/> Farm Operation <input type="checkbox"/> Nonprofit Organization	6. Type of Ownership (Check One) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization	7. Is this a Final Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach an explanation)

8. Certification of Legal Residency in the United States (Please read instructions below before completing this section.)

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) Please address only the category that describes your citizenship status. For item (2), please fill in the correct number of partners. The certification for a nonresidential displaced person may be signed by an owner or other person authorized to sign on its behalf. **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

NONRESIDENTIAL DISPLACEMENTS

(1) Sole Proprietorship.
 I certify that I am: (check one)
 _____ a citizen or national of the United States
 _____ an alien lawfully present in the United States.

(2) Partnership.
 I certify that there are _____ partners in the partnership and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

(3) Corporation. (Name of Corporation)
 I certify that _____ is established pursuant to State law and is authorized to conduct business in the United States.

Section B. Supporting Data for Moving Expenses (Not identified in Sections C, D, E, F or G) (49 CFR 24.301(d) & 24.301(e)) (Attach supplemental page if additional space is needed and attached receipts for costs incurred.) (Identify if move is commercial move self move or combination move ; if combination move, identify each expense as commercial or self move.)

Expense Identification	Amount Claimed	For Agency Use Only
(1)	\$	\$
(2)		
(3)		
(4)		
(5) Total Costs (Include this amount in line (1) of Item 9, Total)	\$	\$

Section C. Supporting Data for Storage Costs (49 CFR 24.301(g)(4))		Name and Address of Storage Company
Is This a Final Claim for Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Moved to Storage (mm/dd/yyyy)	Date Moved From Storage (mm/dd/yyyy)	

Computation of Storage Costs		
Item	Amount	For Agency Use Only
Monthly Rate for Storage	\$	\$
Number of Months in Storage		
Total Storage Costs (Include this amount in line (1) of Item 9, Total)	\$	\$
Description of Property Stored (List may be attached)		

Section D. Supporting Data for Searching Expenses (49 CFR 24.301(g)(17))		Amount Claimed	For Agency Use Only
(1) Searching Time	Number of Hours () x Hourly Rate of Earnings () =	\$	\$
(2) Time Spent Obtaining Permits, Attending Zoning Hearings	Number of Hours () x Hourly Rate of Earnings () =	\$	\$
(3) Time Spent Negotiating Purchase/Lease of Replacement Site	Number of Hours () x Hourly Rate of Earnings () =	\$	\$
(4) Transportation (Consult with Agency on allowable rate per mile of personal vehicle)		\$	\$
(5) Lodging (Dates: Attach receipts)		\$	\$
(6) Fees Paid to Real Estate Broker or Agent, (Excluding fees or commissions related to site purchase) (Attach contract or other evidence)		\$	\$
(7) Cost of Meals		\$	\$
(8) Other Expenses (Specify and attach receipts)		\$	\$
(9) Total Searching Expenses		\$	\$
(Add lines (1) thru (9). Include this amount, or \$2,500, whichever is less, in line (1) of Item 9 Total.)		\$	\$

Section E. Supporting Data for Payment for Actual Direct Loss of Personal Property (List separately each item for which amount claimed in Column (f) is more than \$500. Other items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.) (49 CFR 24.301(g)(14))

(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value As Is For Continued Use At Present Location (Attach appraisals or other evidence)	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (Column (b) minus Column (c))	(e) Estimated Cost of Moving Old Property As Is (To be entered by Agency) (see 24.301(g)(14)(ii))	(f) Amount Claimed (Lesser of Column (d) or (e))	(g) For Agency Use Only
	\$	\$	\$	\$	\$	\$

Claimant's Release of Personal Property I/We release to the Agency ownership of all personal property remaining on the real property. Signature(s) of Claimant(s) or Agent _____ Date (mm/dd/yyyy) _____		(1) Total (Add all entries in column (f) above)	\$	\$
		(2) Cost of Effort to Sell Property (e.g., advertising) (49 CFR 24.301(g)(15))	\$	\$
		(3) Total Amount Claimed (Add lines (1) and (2). Include this amount in line (1) of Item 9 Total)	\$	\$

Section I. Certification By Claimant(s): I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) or Claimant's Authorized Agent	Title (Type or Print)	Date
X		

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Item	Amount	For Agency Use Only
(1) Moving Expenses (From Section B, C, D, E, F, G)	\$	\$
(2) Reestablishment Expenses (From Section H)	\$	\$
(3) Other (Attach explanation)	\$	\$
(4) Total Amount Claimed (Add lines (1) thru (3))	\$	\$
(5) Amount Previously Received, if any	\$	\$
(6) Amount Requested (Subtract line (5) from line (4))	\$	\$

To Be Completed by Agency

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
10. Recommended	\$			
11. Approved	\$			

Remarks:

Public reporting burden for this collection of information is estimated to average 1.5 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a payment for moving and related expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal Agency for review.

HUD FORM 40056

Claim for Fixed Payment in Lieu of Payment for Actual Nonresidential Moving and Related Expenses

U.S. Department of Housing
and Urban Development
Office of Community Planning
and Development

OMB Approval No. 2506-0016
(exp. 10/31/2011)

(49 CFR 24.305)

For Agency Use Only Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to claim a **Fixed Payment**, rather than claim a **Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses** under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). **The minimum fixed payment is \$1,000; the maximum is \$20,000.** This payment is based on the average net annual earnings of an eligible business or farm operation before income taxes during the 2 tax years prior to the tax year in which it was displaced (see 49 CFR 24.305(e)); or for a nonprofit organization, based on the average of 2 years gross annual revenues less administrative expenses for the two 12 month periods prior to the acquisition (see 49 CFR 24.305(d)). The Agency will explain the difference between the two payments and will help you complete this form. HUD provides information on these requirements and other guidance materials on its website at www.hud.gov/relocation. If you are eligible for either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal.
All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).

Fixed Payment Eligibility: 1. **Business:** (see 49 CFR 24.305(a)), 2. **Nonprofit Organization:** (see 49 CFR 24.305(d)) & 3. **Farm Operation:** (see 49 CFR 24.305(c))

Section A. General

1. Name of Business, Farm or Nonprofit Organization	2. Name, Title, Address & Telephone Number of Claimant or Claimant's Authorized Agent
3. Address from which Business, Farm or Nonprofit Organization Moved	
4a. Date Move Started (mm/dd/yyyy)	4b. Date Move Completed (mm/dd/yyyy)
4c. Address to which Business, Farm or Nonprofit Organization Moved (If Business, Farm or Nonprofit Organization went out of business, check here <input type="checkbox"/>)	

5. Type of Operation (check one) <input type="checkbox"/> Business <input type="checkbox"/> Farm Operation <input type="checkbox"/> Nonprofit Organization	6. Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization	7. Is This a Final Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", attach explanation)
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Certification of Legal Residency in the United States (Please read instructions below before completing this section.)

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) Please address only the category that describes your citizenship status. For item (2), please fill in the correct number of partners. The certification for a nonresidential displaced person may be signed by an owner or other person authorized to sign on its behalf.

Your signature on this claim form constitutes certification. See 49 CFR 24.208(g) & (h) for hardship exceptions.

NONRESIDENTIAL DISPLACEMENTS

(1) Sole Proprietorship.
I certify that I am: (check one)
_____ a citizen or national of the United States
_____ an alien lawfully present in the United States.

(2) Partnership.
I certify that there are _____ partners in the partnership and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

(3) Corporation. (Name of Corporation)
I certify that _____ is established pursuant to State law and is authorized to conduct business in the United States.

Section B. Computation of Average Net Earnings or Net Revenues for Base Period ^{1/}	Item	Base Period			For Agency Use Only
		Year (yyyy)	Year (yyyy)	Average	
Table I. Individual or Sole Proprietor (Relates to IRS Form 1040)					
(1) Net Profit (Or loss) Before Taxes from IRS Form 1040		\$	\$	\$	\$
(2) Adjustments (Attach statement) ^{2/}					
(3) Compensation Paid to Owner, Owner's Spouse, and Dependents (List names and amounts to each on a separate page)					
(4) Net Earnings (Add lines (1), (2) and (3))		\$	\$	\$	\$
Table II. Corporation (Relates to IRS Form 1120 and 1120-S)					
(5) Taxable Income from IRS Form 1120 (Or ordinary income from IRS Form 1120-S)		\$	\$	\$	\$
(6) Adjustments (Attach statement) ^{2/}					
(7) Compensation Paid to Principal Stockholders, their Spouses, and Dependents (List names and amounts to each on a separate page)					
(8) Net Earnings (Add lines (5), (6) and (7))		\$	\$	\$	\$
Table III. Partnership (Relates to IRS Form 1065)					
(9) Ordinary Income (Or loss) Before Taxes (From IRS Form 1065)		\$	\$	\$	\$
(10) Adjustments (Attach statement) ^{2/}					
(11) Compensation Paid to Principal Partners, their Spouses, and Dependents (List names and amounts to each on a separate page)					
(12) Net Earnings (Add lines (9), (10), and (11))		\$	\$	\$	\$
Table IV. Nonprofit Organization					
(13) Annual Gross Revenues ^{5/}		\$	\$	\$	\$
(14) Administrative Expenses ^{6/}					
(15) Net Revenues (Subtract line (14) from line (13))		\$	\$	\$	\$

1/ This is usually the two tax years prior to your displacement. Please consult the Agency.

2/ To the extent that the profit/income entry in Section B, line (1), (5) or (9) has been reduced by an expense that was not incurred in the base period (e.g., a loss carry forward from a previous year, loss carry back from a later year or declared depreciation in excess of actual depreciation) such expense must be added back on line (2), (6) or (10). To the extent that the entry on line (1), (5) or (9) is inflated by an amount not actually earned in the base period (e.g., refund of State or local income taxes or income included under the tax benefit rule because a deduction taken in a previous year was disallowed), it should be entered on line (2), (6) or (10) as a subtraction.

3/ Principal stockholder is one who owns 15% or more of the corporation.

4/ A principal partner is one with a proprietary interest of 15% or more in the concern.

5/ Gross revenues may include membership fees, class fees, cash donations and other fund collections.

6/ Administrative expenses include rent, utilities, salaries and fund raising costs.

Section C. Computation of Payment	Item	Amount Claimed	For Agency Use Only
(1) Amount from line (4), (8), (12) or (15) of Section B (If less than \$1,000, enter \$1,000. If more than \$20,000, enter \$20,000)		\$	\$
(2) Amount Previously Received (if any)			
(3) Amount Requested (Subtract line (2) from line (1))		\$	\$

Section D. Certification By Claimant(s): I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) or Claimant's Authorized Agent	Title (Type or Print)	Date
X		

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

To Be Completed by Agency

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
2. Recommended	\$			
3. Approved	\$			

Remarks

Public reporting burden for this collection of information is estimated to average 1.0 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a fixed moving payment instead of a payment for actual moving and related expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Fixed Payment rather than a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal Agency for review.

HUD FORM 40054

Residential Claim for Moving and Related Expenses (49 CFR 24.301 and 24.302)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0016
(exp. 10/31/2011)

See back of page for Public Reporting Burden and Privacy Act Statements before completing this form

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of families and individuals applying for payment of residential moving and related expenses under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). You may be eligible to apply for either (1) a fixed payment (see 24.302), or (2) payment for actual reasonable moving costs and related expenses (see 24.301), or (3) in some cases, a payment based on a combination of moving options (contact Agency). All claims for actual expenses must be supported by receipts or other acceptable evidence. The Agency will explain the differences between the types of moving options and will help you complete this form. HUD provides information on these requirements and other guidance materials on its website at www.hud.gov/relocation. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal. All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).

1. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1a. Telephone Number(s)
---	-------------------------

2. Have All Members of the Household Moved to the Same Dwelling? Yes No
(If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)

Dwelling	Address (include Apartment No.)	Number of Rooms of Furniture? *	Date Occupied	Date Vacated
3. Unit That You Moved From				
4. Unit That You Moved To		* Excluding bathrooms, hallways and closets.		

5. Is This a Final Claim? Yes No

6. Certification of Legal Residency in the United States (Please read instructions below before completing this section.)

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

Please address only the category (Individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons.

RESIDENTIAL HOUSEHOLDS

- (1) Individual. I certify that I am: (check one)
 a citizen or national of the United States
 an alien lawfully present in the United States.
- (2) Family. I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

7. Computation of Payment (See 49 CFR 24.301 and 24.302)

Instructions: You may be eligible to apply for either (1) a fixed payment (see 24.302), or (2) payment for actual and reasonable moving costs and related expenses (see 24.301), or (3) in some cases, a payment based on a combination of moving options (see 24.301(b)). The computation table in this section provides you with the ability to compute your payment based on one or a combination of moving options depending on your eligibility and your needs and desires.

A fixed payment is used to compute a payment based on the numbers of rooms of furniture within the displacement dwelling. The Residential Fixed Moving Cost Schedule available at www.hud.gov/relocation, will provide the payment amount for the state in which the displacement occurred. (Note: for persons occupying a dormitory style room or where the move is performed by the Agency at no cost to the displaced person, the payment amount is limited to the amount specified for such moves on the Fixed Moving Cost Schedule.) If you choose to claim a fixed payment, fill in the applicable schedule amount in column 7c Line (3). In some cases, persons who plans to claim only a fixed payment may also be eligible for additional moving options to move personal property located outside the dwelling and not considered in the Fixed Moving Cost Schedule (jungle gym, hot tub, etc.) or for personal property requiring specialized moving assistance within the dwelling (piano, pool table, medical equipment, etc.). In these situations you may also be eligible for a payment based on actual costs for a commercial move and/or self move for these items. Contact the Agency for further assistance. If the Agency determines you are eligible for other moving options in addition to the fixed payment, fill in all applicable claim information requested for the type(s) of moving option specified in the table.

	7a. Commercial Move (Actual Costs) (Based on lower of 2 bids)		7b. Self Move (Actual Costs) (Not to exceed cost of commercial move)		7c. Self Move (Fixed Schedule) (See 49 CFR 24.302)	
	Claimant	Agency Use	Claimant	Agency Use	Claimant	Agency Use
(1) Moving Cost Expenses (49 CFR 24.301(g)(1-7); see page 2) (Do not include storage costs listed separately below). [For Mobile Home Owner Occupants also include 24.301(g)(8-10), if applicable.]						
(2) Storage Cost (Requires prior agency approval) (Not to exceed 12 months)						
(3) Fixed Moving Cost Schedule Amount (Based on number of rooms of furniture in Item 3). For amount see Moving Cost Schedule available at www.hud.gov/relocation .						
(4) Other (Explain in Remarks Section)						
(5) Total Amount of Claim.						
(6) Amount Previously Received, if any.						
(7) Amount Requested (Subtract line (6) from line (5))						
(8) Total Amount Requested - Combination Moves Only (add applicable columns 7(a)(7), 7(b)(7) and 7(c)(7))						

8. **Certification By Claimant(s):** I certify that this claim and supporting information are true and complete and that I have not been paid for these expenses by any other source. I ask that the amount on line (7) of Item 7 or line (8) of Item 7 for combination moves be paid to me the contractor(s) (as specified in the Remarks Section).

Signature(s) of Claimant(s) & Date:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

To Be Completed by the Agency

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
9. Recommended	\$			
10. Approved	\$			

Remarks (Attach additional sheets, if necessary)

Additional sheets attached? Yes No

Eligible Actual Residential Moving Expenses (49 CFR 24.301(g)(1-10))

- (1) Transportation of the displaced person and personal property. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified.
- (2) Packing, crating, unpacking, and uncrating of the personal property.
- (3) Disconnecting, dismantling, removing, reassembling, and reinstalling relocated household appliances and other personal property. For businesses, farms or nonprofit organizations this includes machinery, equipment, substitute personal property, and connections to utilities available within the building; it also includes modifications to the personal property, including those mandated by Federal, State or local law, code or ordinance, necessary to adapt it to the replacement structure, the replacement site, or the utilities at the replacement site, and modifications necessary to adapt the utilities at the replacement site to the personal property.
- (4) Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
- (5) Insurance for the replacement value of the property in connection with the move and necessary storage.
- (6) The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft, or damage is not reasonably available.
- (7) Other moving-related expenses that are not listed as ineligible under § 24.301(h), as the Agency determines to be reasonable and necessary.
- (8) The reasonable cost of disassembling, moving, and reassembling any appurtenances attached to a mobile home, such as porches, decks, skirting, and awnings, which were not acquired, anchoring of the unit, and utility "hookup" charges.
- (9) The reasonable cost of repairs and/or modifications so that a mobile home can be moved and/or made decent, safe, and sanitary.
- (10) The cost of a nonrefundable mobile home park entrance fee, to the extent it does not exceed the fee at a comparable mobile home park, if the person is displaced from a mobile home park or the Agency determines that payment of the fee is necessary to effect relocation.

Public reporting burden for this collection of information is estimated to average 30 minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a payment for moving and related expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a payment for moving and related expenses. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.

10-28

HUD FORM 40057

Claim for Replacement Housing Payment for 180-Day Homeowner-Occupant (49 CFR 24.401)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0016
(exp. 10/31/2011)

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Instructions. This form is for the use of families and individuals applying for a replacement housing payment under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) for a 180-day homeowner occupant who elects to buy a replacement home. A homeowner-occupant who decides to rent rather than buy should also use form HUD-40058. The Agency will help you complete this form. HUD also provides information on these requirements and other guidance materials on its website at: www.hud.gov/relocation. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal.

All claims for payment by a homeowner-occupant must be filed within 18 months after the latest of: a) the date of displacement or b) the date of final payment for the acquisition of the real property. Displaced 180-day homeowner occupants must purchase and occupy a decent, safe and sanitary replacement dwelling within 1 year after the later of: a) the date of final payment for the displaced dwelling (for condemnation, use the date just compensation deposited in court) or b) the date a comparable replacement dwelling is made available by the agency (see 24.204).

1. Your Name(s) (You are the Claimant(s)) and present Mailing Address	1a. Your Telephone Number(s)
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2. Have all members of the household moved to the same dwelling? Yes No (If "no", attach a list of the names of all members and the addresses to which they moved.)

Dwelling	Address	When did you buy this unit?	When did you move to this unit?	When did you move out of this unit?
3. Unit That You Moved From				
4. Unit That You Moved To				

5. Certification of Legal Residency in the United States (Please read instructions below before completing this section.)
Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

Please address only the category (Individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons.

RESIDENTIAL HOUSEHOLDS

(1) Individual. I certify that I am: (check one)
 a citizen or national of the United States
 an alien lawfully present in the United States.

(2) Family. I certify that there are _____ persons in my household and that
 are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

6. Computation of Replacement Housing Payment (A homeowner-occupant who elects to rent should complete only items 1, 3, 4 & 5)	To Be Completed By Claimant	For Agency Use Only
(1) Purchase Price of Comparable Replacement Dwelling (To be provided by the Agency)		
(2) Purchase Price of the Dwelling You Moved To (Not applicable for owner-occupant who elects to rent)		
(3) Lesser of line 6(1) or 6(2)		
(4) Price Paid by Agency for Dwelling That You Moved From		
(5) Price Differential Amount (Subtract line 6(4) from line 6(3). If amount on line 6(4) exceeds amount on line 6(3), enter 0) This is the maximum amount for a homeowner occupant who elects to rent.		
(6) Incidental Expenses (From line 7(10))		
(7) Mortgage Buydown Payment and Other Debt Service Costs (To be determined by Agency. See instructions in Item 8)		
(8) Total Amount of Replacement Housing Payment Claim (Add lines 6(5), 6(6), and 6(7))		
(9) Amount Previously Received, if any		
(10) Amount Requested (Subtract line 6(9) from line 6(8))		

7. Incidental Expenses in Connection With Purchase of Replacement Dwelling (24.401 (e))	(a) Claimant	(b) For Agency Use Only
Instructions: Enter expenses incidental to the purchase of your new home. Do not include prepaid costs such as real estate taxes. Attach a copy of the closing statement and other receipts. * Not to exceed the costs for a comparable replacement dwelling.		
(1) Legal, closing and related costs, including title search, preparing conveyance instruments, notary fees, preparing surveys and plats, and recording fees	\$	\$
(2) Lender, FHA or VA Application and Appraisal Fees	\$	\$
(3) Loan Origination or Assumption Fees (Not Prepaid Interest).	\$	\$
(4) Professional Home Inspection, Certification of Structural Soundness, and Termite Inspection	\$	\$
(5) Credit Report	\$	\$
(6) Owner's and mortgagee's evidence of title, e.g. title insurance *	\$	\$
(7) Escrow Agent's Fee	\$	\$
(8) State Revenue or Documentary Stamps, Sales or Transfer Taxes *	\$	\$
(9) Other Costs (specify)	\$	\$
(10) Total Incidental Expenses (Add lines 7(1) through 7(9). Enter this amount on line 6(6)).	\$	\$

8. Mortgage Buydown Payment and Other Debt Service Costs (24.401(d))
Instructions: You are entitled to compensation to cover the additional costs you must pay to finance the purchase of a replacement dwelling. The 'buydown' payment covers those costs that result because the interest rate you must pay for a new mortgage is higher than the interest rate on your old mortgage. The maximum buydown payment for which you can qualify is the amount needed to reduce your new mortgage balance to the amount which can be amortized with the same periodic payments for principal and interest as those for your old mortgage. (The Agency is required to advise you of its estimate of the maximum buydown payment and the interest rate, term and amount on which it was computed. You will need to borrow that amount over that term to qualify for the full payment.) If you have more than one mortgage on either your old or new home, complete a separate Item 8(13) for each computation and include the total amount of all such computations on line 6(7). Note: A mortgage on your old home that was in effect for less than 180 days before the Agency's initial written offer of just compensation for the property cannot be used as a basis for payment. Also, if the combination of interest and points for the new mortgage exceeds the current prevailing fixed interest rate and points for conventional mortgages and there is no justification for the excessive rate, then the current prevailing fixed interest rate and points shall be used in the computations.

Part A - Information from Mortgage Documents	(a) Old Mortgage	(b) New Mortgage	(c) Lesser of Col. (a) or (b)
(1) Outstanding principal balance	\$	\$	
(2) Annual interest rate of mortgage	%	%	
(3) Number of monthly payments remaining on mortgage	Mos.	Mos.	Mos.

Part B - Computation of Payment (Use mortgage amortization table with 6 decimal places.)	
(4) Monthly payment required to amortize a loan of \$1,000 in _____ months (8(3)(c)) at an annual interest rate of _____ % (8(2)(b))	\$
(5) Monthly payment required to amortize a loan of \$1,000 in _____ months (8(3)(c)) at an annual interest rate of _____ % (8(2)(a))	\$
(6) Subtract line 8(5) from line 8(4)	\$
(7) Divide line 8(6) by line 8(4) (carry to 6 decimal places)	\$
(8) Enter old mortgage balance (amount on line 8(1)(a))	\$
(9) Multiply line 8(7) by line 8(8)	\$
(10) New loan needed (subtract 8(9) from 8(8))	\$
Note: If 8(10) is less than 8(1)(b), enter amount from line 8(9) onto line 8(13) and skip lines 8(11) and 8(12)	
(11) Divide 8(1)(b) by 8(10) (carry to 6 decimal places)	\$
(12) Multiply line 8(11) by line 8(9)	\$
(13) Enter amount from 8(9) or 8(12), as appropriate (This is the mortgage buydown payment)	\$
(14) Other debt service costs (Reimbursement of purchaser's points and loan origination fees is based on the new loan needed (8(10)), or the actual new loan balance (8(1)(b)), whichever is less. Do not include seller's points or any cost included as an incidental expense in 7(12).)	\$
(15) Add lines 8(13) and 8(14). Enter this amount on 6(7).	\$

9. Certification By Claimant(s): I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source. Signature(s) of Claimant(s) & Date

x

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Previous editions are obsolete

To Be Completed by Agency				
10. Effective Date of Eligibility for Relocation Assistance (mm/dd/yyyy)		11. Date of Referral to Comparable Replacement Dwelling (mm/dd/yyyy)	12. Date Replacement Dwelling Inspected and Found Decent, Safe and Sanitary (mm/dd/yyyy)	
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
13. Recommended	\$			
14. Approved	\$			

Remarks

Public reporting burden for this collection of information is estimated to average 1.0 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a replacement housing payment for a 180-day homeowner and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a replacement housing payment for a 180-day homeowner. You are not required by law to furnish this information, but if you do not provide it, you may not receive this payment or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR 24. The information may be made available to a Federal agency for review.

Claim for Rental Assistance or Down Payment Assistance (49 CFR 24.402 and 24.401(f))

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0016
(exp. 10/31/2011)

See back of page for Public Reporting Burden and Privacy Act Statements before completing this form

For Agency Use Only Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of families and individuals applying for rental or down payment assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) and may also be used by a 180-day homeowner-occupant who chooses to rent rather than buy a replacement home. The Agency will help you complete the form. HUD also provides information on these requirements and other guidance materials on its website at www.hud.gov/relocation. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal.

Displaced persons must rent/purchase and occupy a decent, safe and sanitary replacement dwelling within one year from the date of displacement for replacement housing payment eligibility (see 24.402(a)(2)). All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).

1a. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1b. Telephone Number(s)
--	-------------------------

2a. Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", list the names of all members and the addresses to which they moved in the Remarks Section.)	2b. Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Dwelling	Address	When Did You Rent/Buy This Unit?	When Did You Move To This Unit?	When Did You Move Out of This Unit?
3. Unit That You Moved From				
4. Unit That You Moved To				

5. Certification of Legal Residency in the United States (Please read instructions below before completing this section.)

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

Please address only the category (Individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons.

RESIDENTIAL HOUSEHOLDS

(1) Individual.

I certify that I am: (check one)
 a citizen or national of the United States
 an alien lawfully present in the United States.

(2) Family.

I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

6. Determination of Person's Financial Means (Not applicable to 180-day homeowner-occupants who choose to rent. Enter NA in Item 6(6).)	Household Income	
	Claimant (a)	For Agency Use Only (b)
(1) Total number of persons in the household (See item 5(1) or (2))		
(2) Annual Gross Household Income. (49 CFR 24.2(a)(14)). Enter name of each household member with income (include the income of persons not lawfully present in the U.S.)	\$	\$
(3) Total Gross Annual Income (Sum of entries in item 6(2))	\$	\$
(4) URA low income limit for number of persons in item 6(1). If item 6(3) is greater than item 6(4) - Family is not low-income. See 49 CFR 24.402 (b)(2)(ii)		\$
(5) Gross Monthly Income (Divide item 6(3) by 12)	\$	\$
(6) 30% of item 6(5) or "NA". (If gross annual income item 6(3) is greater than URA low income limit in item 6(4), enter "NA".)	\$	\$

7. Determination of Rent and Average Monthly Utility Costs (See 49 CFR 24.402(b))

Instructions: To compute the payment, entries on line (8) must reflect all utility services. Therefore, identify on lines (2) through (5) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is not covered by the monthly rent, indicate the estimated out-of-pocket monthly cost. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). Determine the estimated average monthly cost of a utility service by dividing the reasonable estimated yearly cost by 12. If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on line (7).

Monthly Cost	Unit That You Moved From (For Homeowner-Occupant, rent will be determined by the agency.)		Unit That You Moved To (Do not complete if claim is for down payment assistance.)		Comparable Replacement Dwelling
	(a) Claimant	(b) For Agency Use Only	(c) Claimant	(d) For Agency Use Only	(e) To Be Provided By Agency
(1) Rent (The monthly rental amount due under the terms and conditions of occupancy. If utilities are not included in rent, list in item 7(2) to (5))	\$	\$	\$	\$	\$
(2)					
(3)					
(4)					
(5)					
(6) Gross Monthly Rent and Utility Costs (add item 7(1) through (5))	\$	\$	\$	\$	\$
(7) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$
(8) Net Monthly Rent and Utility Costs (subtract item 7(7) from item 7(6)) (Enter these amounts on the appropriate lines in Item 8.)	\$	\$	\$	\$	\$

8. Computation of Payment: If you are filing for down payment assistance, check this box <input type="checkbox"/> and skip item 8(1).	To Be Completed By Claimant (a)	For Agency Use Only (b)
(1) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (From item 7(8), Column (c))	\$	\$
(2) Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (From item 7(8), Column (e)) (To be provided by the Agency)		
(3) Lesser of item 8(1) or (2) (If claim is for down payment assistance, enter amount from item 8(2))		
(4) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved From (From item 7(8), Column (a)) (For Homeowner-Occupants who choose to rent, to be determined by the agency.)		
(5) 30% of Average Gross Monthly Household Income (From item 6(6), Column (a)). If item 6(6) is "NA", enter "NA" here.		
(6) Lesser of item 8(4) or 8(5)		
(7) Monthly Need (Subtract item 8(6) from item 8(3))		
(8) Amount of Payment Claim (Amount on item 8(7) multiplied by 42) (For a Homeowner-Occupant who elects to rent, this amount cannot exceed the difference between the acquisition cost of the displacement dwelling and the cost of a comparable replacement dwelling. See form HUD-40057, item 5(5).)	\$	\$
(9) Amount Previously Received (if any)		
(10) Amount Requested (Subtract item 8(9) from 8(8))	\$	\$

9. **Certification By Claimant(s):** I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) & Date

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

To be Completed by the Agency	10. Effective date (mm/dd/yyyy) of eligibility for relocation assistance	11. Date (mm/dd/yyyy) replacement dwelling inspected and found decent, safe and sanitary	12. Date (mm/dd/yyyy) person occupied replacement dwelling	
	13. Payment To Be Made In: <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly Installments <input type="checkbox"/> Other Installments (only for down payment assistance) (specify in the Remarks Section)			
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
14. Recommended	\$			
15. Approved	\$			

Remarks

Remarks continued on a separate page? Yes No

Public reporting burden for this collection of information is estimated to average 1.0 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a payment to help you rent or buy a new home and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a payment to help you rent or buy a new home. You are not required by law to furnish this information, but if you do not provide it, you may not receive this payment or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), and implementing regulations at 49 CFR Part 24. The information may be made available to a Federal agency for review.

SAMPLE LETTER OF ACKNOWLEDGEMENT:
SERVICE AND PAYMENTS RENDERED

Department of Community Development
City of West Linn
100 Main Street
West Linn, Louisiana 70801

To: _____, Relocation Officer

This is to certify that the Relocation Assistance, Services, and Payments rendered by the
_____ at the time of my displacement from _____ to _____
Name of Grantee *Date* *Date*
was done to my satisfaction.

I further certify that I have received reimbursement of my moving expense and/or Relocation
Payment by the _____ checked below.
Name of Grantee

MOVING EXPENSE

- Fixed Payment of \$_____.
- Reimbursement of paid receipt from a Mover or Direct Payment to a Mover of \$_____.

ADDITIONAL RELOCATION PAYMENTS (Tenants and Certain Others)

- Downpayment Assistance of a lump sum of \$_____.
- Rental Assistance Payment of \$_____ in a lump sum.

REPLACEMENT HOUSING PAYMENT (Owner-Occupants)

- Replacement Housing Payment in a lump sum of \$_____.

Date

Claimant

By: _____

GUIDEFORM NOTICE OF NONDISPLACEMENT TO RESIDENTIAL TENANT

Grantee or Agency 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.)
2. This is a guideform. It should be revised to reflect the circumstances.

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** 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:*
 - i. *if you are low income, the total tenant payment as defined by HUD (under 24 CFR 5.628), or*
 - ii. *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.”*

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GENERAL URA ACQUISITION PROCESS

(Refer to 49 CFR 24 Subpart B for detailed acquisition requirements)

VOLUNTARY ACQUISITIONS 49 CFR 24.101(b)(1)-(5)	INVOLUNTARY ACQUISITIONS 49 CFR 24.101(a) & (b)
<p><i>Determine if proposed acquisition satisfies criteria and requirements of 24.101(b) (1)-(5). If acquisition doesn't meet criteria (e.g., is subject to threat or use of eminent domain), refer to involuntary acquisition process and comply with 49 CFR 24 Subpart B requirements.</i></p>	<p><i>Determine if proposed acquisition is subject to threat or use of eminent domain. If not subject to eminent domain, refer to voluntary acquisition process and comply with applicable requirements of 49 CFR 24.101(b) (1)-(5).</i></p>
<p>24.101(b)(1) - Agencies with eminent domain authority but will not use: must meet all conditions of 24.101(b)(1)(i) – (iv). (see esp. 24.101(b)(1)(i) & (ii))</p>	<p>* Notify owner of agency's interest in acquiring property and protections under the Uniform Act (see 24.102(b)) (Optional: issue Notice of Intent to Acquire (see 24.203(d))</p>
<p>* Agency will not acquire property if negotiations fail, and owner is so informed in writing (see 24.101(b)(1)(iii))</p>	<p>* Appraise property and invite owner to accompany appraiser (see 24.102(c))</p>
<p>* Agency informs owner in writing of property's estimated market value (see 24.101(b)(iv))</p>	<p>* Review the appraisal (see 24.104)</p>
<p>* Owner/s & owner occupants not eligible for relocation assistance / displaced tenants may be eligible (see 24.2(a)(9)(ii))</p>	<p>* Establish estimate of just compensation for property (see 24.102(d))</p>
<p>24.101(b)(2) – Agencies or persons without eminent domain authority:</p>	<p>* Provide owner with written offer and summary statement for property (see 24.102(e))</p>
<p>* Prior to offer, inform owner unable to acquire if negotiations fail (see 24.101(b)(2)(i))</p>	<p>* Negotiate with owner for purchase of property (see 24.102(f))</p>
<p>* Inform owner of property's estimated market value (see 24.101(b)(2)(ii))</p>	<p>* If negotiations successful, complete sale and reimburse property owner for related incidental expenses (see 24.106)</p>
<p>* Owner/s & owner occupants not eligible for relocation assistance / displaced tenants may be eligible (see 24.2(a)(9)(ii))</p>	<p>* If negotiations unsuccessful, consider an administrative settlement (see 24.102(i))</p>
<p>24.101(b)(3) – Acquisition from a Federal agency, State, or State agency, if acquiring agency without eminent domain authority:</p>	<p>* If negotiations still unsuccessful, consider acquiring property through eminent domain.</p>
<p>* Owner/s & owner occupants not eligible for relocation assistance / displaced tenants may be eligible (see 24.2(a)(9)(ii))</p>	<p>* Displaced persons eligible for relocation assistance (see 24.2(a)(9)(i))</p>

**Community Development Block Grant
Sample Real Property Acquisition Checklist**

	Donated Easements	Voluntary Sale	Acquisition
1. Title search/clearance of title			
2. HUD brochure <i>When a Public Agency Acquires Your Property</i> and evidence of receipt			
3. Evidence of invitation to accompany appraiser			
4. Appraisal report/determination of fair market value.			
5. Donation Waiver (<i>if applicable</i>)			
6. Justification for any properties not appraised			
7. Review appraisal report			
8. Written statement of just compensation			
9. Written offer to purchase and evidence of receipt			
10. Sale Contract			
11. Statement of settlement cost and evidence of receipt			
12. Receipt of purchase price or copies of canceled checks			
13. Notice of intent not to acquire (<i>if acquisition terminated</i>)			
14. Court Resolution (<i>if condemnation</i>)			
15. Correspondence/Contact Log			

**Community Development Block Grant
Sample Relocation File Checklist**

A separate file is to be maintained for
each household displaced.

- 1. Fully Completed Case Record Form
- 2. Notice of Notice of Displacement or Notice to Continue in Occupancy and HUD Brochure Sent _____
- 3. Evidence of Receipt by Relocatee _____
- 4. Evidence of Referrals to Replacement Housing _____
- 5. Copy of 90 Day Notice and Evidence of Receipt, if Applicable _____
- 6. Copy of 30 Day Notice and Evidence of Receipt, if Applicable _____
- 7. Record of Inspection of Replacement and Referral Units _____
- 8. Copy of Relocation Claim, Worksheet, and Supporting Documentation _____
- 9. Evidence of Verification of Claim _____
- 10. Copies of Cancelled Checks _____
- 11. Acknowledgement of Payments and Services Rendered _____
- 12. Appeal, if Filed, and Disposition _____
- 13. Correspondence Copies:

	Date: _____	Subject Matter: _____
1.		
2.		
3.		
4.		
5.		

Use additional sheet if necessary

- 14. Other Data:
Specify: _____

- 15. If Relocation not completed within six months of notice of Displacement, explanation of delay and plan for timely completion:
