

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)