

UNIFORM RELOCATION ACT POLICY

City of Kansas City, Missouri



Prepared by
**HOUSING &
COMMUNITY DEVELOPMENT**

ATTACHMENT A

URA Policy

Introduction

(URA) protects people who are displaced by a federally assisted project, regardless of their income. Detailed on how to comply with URA can be found in HUD Handbook 1378. This document describes general policies and procedures. However, it is not all inclusive of URA requirements to which the development team must adhere. It is a high-level overview of the City of Kansas City Missouri's oversight. Please refer to the Federal Register 49 CFR Part 24 for details.

It is extremely important that you provide the appropriate notices listed above to ALL tenants in the project, even if the tenant will not be asked to make any type of move. All tenants in the development need to be kept informed. If a tenant moves permanently from the property and was not given timely notices, it is HUD's position that the person will usually qualify as a "displaced person" and be entitled to claim full relocation benefits.

Proper and timely notices are crucial!

It is permissible to combine the information required in the "Notice of Non-Displacement to Residential Tenant" with the "General Information Notice" (GIN). You may also include the information required in the "90-Day Notice" and make one combined notice as long as everything required by each notice is covered in the combined notice.

****PLEASE NOTE THAT THE APPROPRIATE HOUSING STAFF SHOULD BE TRAINED ON THIS POLICY ANNUALLY.**

Definitions

Aliens not lawfully present in the U.S. – A person who is not lawfully present in the United States and who has been determined to be ineligible for relocation assistance in accordance with [§ 24.208](#) is not eligible for temporary relocation assistance *unless such denial of benefits would create an extremely unusual hardship to a designated family member in accordance with [§ 24.208\(h\)](#)*. Authorization by Homeland Security is required.

Comparable Replacement Dwelling – a dwelling which is:

- i. Decent, Safe and Sanitary as described in the definitions of this document.
- ii. Functionally equivalent to the displacement dwelling.
- iii. Adequate in size to accommodate the occupants.
- iv. In an area not subject to unreasonable adverse environmental conditions.
- v. In a location generally not less desirable than the location of the displaced person's dwelling with respect of public utilities, and reasonably accessible to the person's place of employment.
- vi. On a site that is typical in size for residential development with normal site improvements, including customary landscaping.
- vii. Currently available to the displaced person on the private market except as provided in [49 CFR 24.2\(viii\)\(\(C\)\(ix\)\)](#).
- viii. Within the financial means of the displaced person as noted in [49 CFR 24.2\(viii\)](#).
- ix. For a person receiving Government Housing Assistance before displacement, a dwelling that may reflect similar Government Housing Assistance. All Fair housing, Civil Rights laws are applicable to the replacement dwelling. See [49 CFR 24.2\(ix\)](#)

Also see [eCFR :: Appendix A to Part 24, Title 49 -- Additional Information](#)

Decent Safe and Sanitary Dwelling (DS&S) – A dwelling which meets the requirements in [49 CFR 24.2 \(i-vii\)](#). The most stringent local housing code or agency regulation or written policy applies.

The dwelling shall:

- i. Structurally sound, weather tight, and in good repair.
- ii. Contain a safe electrical wiring system adequate for lighting and other devices.
- iii. Contain a heating system capable of sustaining a healthful temperature (approx. 70 degrees) for a displaced person except in those areas where conditions do not require such a system.
- iv. Be adequate in size with respect to the number of rooms needed to accommodate the displaced person.
- v. Contain a separate well-lit and ventilated bathroom that provides privacy to the user and contains a sink, bathtub or shower stall and toilet in good working as noted in [CFR 24.2](#).
- vi. Contain unobstructed egress to a safe, open space at ground level.
- vii. For a displaced person with a disability, be free of any barriers which would preclude reasonable ingress, egress or use of the dwelling. See [CFR 24.2\(a\)](#).

Also see [eCFR :: Appendix A to Part 24, Title 49 -- Additional Information](#)

Displaced Person – A person who moves permanently or temporarily from a dwelling or moves their personal property from the real property. This includes occupants of temporary, daily, or emergency shelters. Benefits for those temporarily displaced are at [§24.202\(a\)](#).

- i. As a direct result of a written notice of intent to acquire, rehabilitate, and/or demolish, the initiation of negotiations for, or the acquisition of, such real property in whole or in part for a project as a direct result of:
- ii. Rehabilitation, or demolition for a federally-assisted project.
- iii. A written notice of intent to acquire, or the acquisition, rehabilitation or demolition of, in whole or in part, other real property on which the person conducts a business or farm operation for a project.

Displaced Person—Voluntary Acquisition – Tenants that move due to a voluntary acquisition are eligible for relocation assistance once there is a binding written agreement. The tenant becomes eligible when the agency is obligated to purchase the property. **Options are not considered binding.

Dwelling – The place of permanent or customary and usual residence of a person according to local custom or law, including a single-family house; a single-family unit in a two-family, multi-family or multi-purpose property; a unit of a condominium or cooperative housing project; a non-housekeeping unit; a mobile home; or any other residential unit.

Persons not displaced – persons not eligible (generally) for payment of relocation expenses. URA allows an agency to limit assistance in specific cases. See 49 [CFR 24.2\(a\)\(iv\)](#).

Designated Representative - A person chosen by the property owner or tenant who may receive offers, correspondence and information and to provide any information required by the displacing agency on their behalf by providing a written request to the agency. See [49 CFR 24.2\(a\)](#)

Dwelling – the place of permanent or customary and usual residence of a person, according to local custom or law, including a single-family house; a single-family unit in a two-family, multi-family, or multi-purpose property; a unit of a condominium or cooperative housing project; a mobile home, or any other residential unit.

Household Income - total gross income received for a 12-month period from all sources (earned and unearned) including, but not limited to wages, salary, child support, alimony, unemployment benefits, workers compensation, social security, or the net income from a business. It does not include income received or earned by dependent children under 18, or full-time students who are students for at least 5 months of the year and are under the age of 24. (See [eCFR :: Appendix A to Part 24, Title 49 -- Additional Information](#), for examples of exclusions to income.)

HUD – The Department of Housing and Urban Development

HQS – Housing Quality Standards define the minimum quality criteria for the health and safety of program participants. These standards ensure DS&S housing for low-income families. Some agencies choose to use these standards for other housing programs.

Initiation of Negotiations (ION) - triggering notice can be based on an intent to acquire, rehabilitate, or demolish the real property, even if the agency has no intent to acquire that property in the future. [49 CFR § 24.2\(a\)](#). For purposes of determining the formula for computing the replacement housing assistance to be provided to a residential tenant displaced as a direct result of privately undertaken rehabilitation, demolition, or acquisition of the real property, the term “initiation of negotiations” means the date that an agreement for voluntary acquisition becomes binding (defined in §24.2(a)).

Move-In-Notice – A term used by HUD for a written notice provided to a person who is interested in moving into a project after the date an application for assistance was submitted. If the person is provided with such a Notice before leasing and occupying the property and agrees to occupy the property under the terms of the notice, the person is not eligible for relocation assistance. [Move-In Notice Sample](#)

Ninety-day notice - Advance written notice of the earliest date by which a displaced person may be required to move. In circumstances where an occupant may be required to vacate the property on less than 90 days advance written notice (such as when the person's continued occupancy of the property would constitute a substantial danger to health or safety), a copy of the agency's determination shall be included in the applicable case file.

Notice of Relocation Eligibility - Eligibility for relocation assistance shall begin on the earliest of: the date of a notice of intent to acquire, rehabilitate, and/or demolish (described in [paragraph \(d\)](#) of this section); the initiation of negotiations (defined in [§ 24.2\(a\)](#)); the date that an agreement for voluntary acquisition becomes binding (defined in [§ 24.2\(a\)](#)); or actual acquisition. When this occurs, the agency shall promptly notify all occupants in writing of their eligibility for applicable relocation assistance. Owners should supply an informational form similar to this: [Relo Assist Info](#)

Program or Project – The term “project” means any activity or series of activities undertaken with federal financial assistance.

Temporary Relocation - there are some circumstances where a person does not need to be permanently displaced but may need to be moved from a project for a short period of time. Any residential tenant who has been temporarily relocated for a period beyond one year must be contacted by the Agency and offered permanent relocation assistance.

Tenant – a person who has the temporary use and occupancy of real property owned by another. There is no requirement for a written lease or minimum term to establish tenancy.

Total Tenant Payment – the greater of 30% of the family's gross income after HUD regulated deductions OR 10% of monthly gross income (before taxes with no deductions) OR any minimum rent under Federal Law.

Uniform Relocation Act (URA) - Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Pub. L. 91-646, 84 Stat. 1894; 42 U.S.C. 4601 et seq.), and amendments thereto.

Unlawful Occupant – person who occupies without property right, title, or payment of rent, or a person legally evicted with no legal rights to occupy a property under state law.

Utility - include producing, transporting, or distributing crude products, wastewater or stormwater not connected with highway drainage and specifically includes fire or police signal systems and street lighting systems. 49 CFR § 24.2(a).

Voluntary Acquisition - transactions with no threat or use of eminent domain meeting the criteria set forth in 49 CFR 24.101(b)(1) through (5)).

ATTACHMENT A

URA

GENERAL RELOCATION ASSISTANCE

For any project being funded with FEDERAL HOME OR CDBG Funds that will result in either the temporary relocation or permanent displacement of current tenants must comply with the City of Kansas City Missouri Relocation Assistance Policy as outlined herein and with all the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). You may obtain copies of the [HUD Handbook 1378: Tenant Assistance Relocation and Real Property Acquisition](#) from the HUD website at: [CPD Handbook 1378.0 | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#). The 1378 Handbook reviews all the requirements of the URA regulations for multiple federal programs.

Federal law and the City of Kansas City require that all reasonable steps be taken to minimize the displacement of persons as a result of a development assisted with HOME funds. To the extent feasible, residential tenants must be provided a reasonable opportunity to lease and occupy a suitable, decent, safe, sanitary and affordable dwelling unit within the building/ complex upon completion of the rehabilitation of the development. “Staging” rehabilitation projects is encouraged to minimize displacement. It must be noted that Kansas City discourages proposals that will result in “permanent displacement” activity.

Questions and requests for additional information should be directed to:

Compliance Specialist
City of Kansas City Missouri
Housing & Community Development Department
414 W. 12th St., 24th Floor
Kansas City, Missouri
813-513-3200

[@kcmo.org](mailto:compliance@kcmo.org)

Project Planning

Consultation with Property Occupants – At an early stage in the planning process, you or your relocation consultant should meet and talk with the occupants of the site to be acquired, rehabilitated or demolished. HUD often requires resident participation in the design of a project. When public meetings are held, the meeting room and presentation must be accessible and understandable to all persons in the intended audience, regardless of disability or limited English language proficiency.

The City does not want rehabilitation to impose a “rent burden” on any of the tenants. We advise that the rents not be raised above what the tenant is paying currently or 30% of the tenant’s average monthly gross household income. If a tenant becomes “rent burdened” they can be considered “permanently displaced” and become eligible for full relocation benefits. The tenant must be notified if rent will increase in the

rehabilitated unit or if they will be offered a unit in the property different than the unit they originally occupied (before the rehab).

Budgetary Implications – Early, common-sense planning is necessary to ensure that sufficient funds will be budgeted to comply with applicable law and regulations. Relocation assistance is costly and can seriously affect the viability of a project. Errors in judgment or determinations on eligibility or payments can lead to costly litigation, project delays, and serious financial consequences to the developing entity and its partners.

The developer/applicant must analyze all potential relocation and acquisition project costs prior to submission of an application for HUD funding. There may be a need to reanalyze the project budget as work progresses to factor in any unforeseen expenses.

Consideration needs to be given to the resources needed to address the number of households to be displaced; resident income; purchase or rental cost and utility costs; family characteristics; impact on minorities, the elderly, large families and persons with a disability; and the need for providing on-going advisory services to displaced persons.

Project-Based Section 8 Properties – Please be advised that if the property being rehabilitated is a Project-Based Section 8 property, there may be an additional relocation expense. This expense could be an increased security deposit to match the TTP* at the time of move-in, which may be triggered in the relocation process if the owner treats the temporary relocation of a resident as a “move-out” from the current unit and a “move-in” to the unit after rehab. If the tenant’s income has increased since the initial move-in, the TTP calculated at the relocation event will be higher than the initial TTP, requiring an increase to the security deposit. The difference between the original security deposit and the recalculated deposit is the responsibility of the developer/owner (not the tenant) as a part of the relocation cost.

- **Total Tenant Payment** – The Total Tenant Payment is the greater of:
- 30% of the family’s gross monthly income after HUD regulated deductions
- Or
- 10% of monthly gross income (before taxes with no deductions)
- Or
- Any minimum rent under Federal Law

Determining Resource Needs (see [49 CFR 24.205\(a\)\(1\) through \(5\)](#)) – To the extent necessary and feasible; an on-site survey of occupants should be conducted **before initiation of a project**. Plan to collect detailed information about each person’s income and replacement housing needs in advance of Initiation of Negotiations (ION) date (determined by the City to be the **FIRM Commitment Date**), at which time a specific *Notice of Relocation Eligibility* must be provided (if applicable), as well as identification of available comparable replacement housing units in a sufficient number to meet the project needs. If a shortage of comparable replacement housing resources is anticipated, the agency should develop a plan to adequately address the shortage. This plan may include the implantation of the last resort housing measure. Optional guide forms that can be used to track [detailed occupant information](#) – are available on the HUD website Handbook 1378 Appendix 8. The owner should obtain basic information from current public housing occupants about their [replacement housing preferences](#).

Pre-Qualifying Existing Tenants – BEST PRACTICE

Prequalification of the existing tenants in the development will allow you to determine who will be income eligible to occupy the housing units after the rehabilitation process is completed.

Prequalification will also help you determine if you have occupants who will become “displaced households” that will be able to claim permanent relocation benefits.

Occupants of a unit in which federal dollars have been used, by regulation, must meet the income guidelines outlined in the income standards. Therefore, if after careful consideration, it becomes necessary and reasonable to “permanently displace” an existing over-income tenant household, be aware that the over-income household will then be entitled to full URA benefits.

Also, if a household’s post-rehabilitated rent increases to an amount that is considered to be more than that household can afford as a direct result of HOME funding, that household is also considered “permanently displaced” and would also be eligible for relocation benefits under URA. *All requests for future rent increases on those units to ensure that increases reflect actual market changes and are not to recoup costs due to an artificially low initial post-rehab rent.*

A pre-qualification process should be used to ensure that the rehabilitation with HOME funds and the regulations associated with the use of HOME funds will not cause excessive permanent displacement of the existing tenants. It is the City’s goal to take necessary and reasonable steps to minimize the permanent displacement of tenants in residence. Pre-qualifying tenants for eligibility after rehabilitation is essential in determining total relocation expenses and therefore allows for better management of the relocation budget.

Rent Burdened Households – After the rehabilitation, the tenant’s initial rent including the estimated average monthly utility costs cannot exceed the greater of:

1. The tenant’s current rent/average utility costs
Or
2. 30% of the tenant’s average monthly gross household income for tenants whose incomes are above Section 8 Low-Income Limits
Or
3. Section 8 Total Tenant Payment for tenants whose incomes are below Section 8 Low-Income Limits.

If the new rent does not meet this criterion, the tenant would be considered “Rent Burdened” and would then be considered “Permanently Displaced” and eligible for full relocation benefits, including “replacement housing payments” However, there may be some rent-burdened tenants who elect to remain in the project and pay the higher rent rate. Those tenants must be fully informed of their rights to relocation assistance, via a “Notice of Eligibility.” You must provide documentation from each tenant with a signature stating that they understand their eligibility but voluntarily choose to waive their rights.

Time Constraints

Temporary Relocation – Any tenant relocated for longer than 12 months will no longer be considered a temporarily displaced person.

Replacement Housing Payment Claim – The displaced person has 12 months from the date of displacement to rent (or purchase) and occupy a decent, safe, and sanitary dwelling and an additional six months (for a total of 18 months) to file a claim.

Appeals – An appeal of the owner's action should be made *within 60 days* after the person receives *written notification* of the determination.

Recordkeeping

Records must be kept at a minimum, for three years past the latest of:

- The payments for relocation and acquisition for the project have all been made;
- The date the project was completed; **or**
- The date by which all issues resulting from litigation, negotiation, audit, or other actions have been resolved.

Keep on file the originals of all pertinent relocation records which include, but may not be limited to: copies of notices sent to all tenants; all copies of the return receipts (or sign-off documentation) verifying that each tenant household did receive the proper notification letters; copies of inspection reports that were done on the replacement housing showing that the replacement housing meets HQS standards; beginning and ending rent rolls; proof of advisory services to tenants; copies of any HUD form used for reimbursement and/or replacement housing payment claims and comparable units; inspection reports, etc.

The City, HUD, or their agents retain the right to request and/or review copies of such documentation in your relocation files at any time.

In general, the following steps are to be taken prior to executing an agreement to provide rehabilitation funds to a developer (refer to the Tenant Assistance Relocation and Real Property Acquisition Handbook ([CPD Handbook 1378](#)) for details):

1. **Identify project occupants**
2. **Establish who qualifies as displaced**
3. **Identify Initiation of Negotiations (ION) and develop a timeline/plan for issuing timely notices**
4. **Understand the required advisory services and determine who will provide them (including personal interviews)**
5. **Identify comparable replacement dwelling options for persons who will be displaced**
6. **Estimate moving expenses**
7. **Estimate replacement housing payments**
8. **Estimate replacement “housing of last resort” costs**

Temporary Relocation

This section of our Relocation Policy applies when a resident remains in the project after rehabilitation but may be required to relocate temporarily during the rehabilitation period. This section also applies to tenants who will be permanently moved to another unit within the same project. Temporarily displaced persons must be lawfully present in the United States and fully informed of his/her rights and entitlements to relocation assistance and payments provided by the Uniform Act. See [49 CFR 24.202](#) and [24.203](#). They are, however, entitled to certain notifications, advisory services and reimbursements for expenses that they may incur due to the temporary relocation. The City's policy for handling non-displaced and temporarily relocated persons is outlined in the policy below. The units that the residents are temporarily moved into must be suitable, decent, safe and sanitary units (not necessarily comparable). Also, *temporary relocation is limited to 12 months*. All other conditions of the temporary move must be considered "reasonable." The following policies cover residential tenants who will be required to move to another unit within the project or to those who must relocate temporarily off the project site. Additionally, at least one comparable dwelling must be made available prior to requiring the person to move except in the case of an "emergency move" as described in [§24.204\(b\)\(1\),\(2\),or\(3\)](#). Applicable moving expense reimbursement must be provided to residents who will be moved to a different unit on the project site.

Reimbursement for All Reasonable Out-of-Pocket Expenses

Expenses incurred in connection with the temporary relocation shall include the cost of moving to and from the temporary housing units. Additionally, any increase in monthly rent/utility costs during this period of temporary displacement shall be included. A payment for actual necessary and reasonable moving and related expenses can include the following:

Packing, moving and unpacking household goods are eligible relocation expenses. Packing/unpacking assistance should be offered to those who want it. All residents should be notified that packing/unpacking assistance is available. You may provide this assistance by providing service for the resident(s) using a *professional moving company or your staff*. You may also pay the resident(s) to pack their own belongings. If you pay the resident for self-packing, you will need to pay them "no less" than the lower of two bids obtained from professional moving companies. It is extremely important that you document when and how the offer was made and that everyone is aware that assistance was available if needed. It is equally important that if a resident refuses an offer of services, you get a statement from them stating that they understand the offer and do not wish to accept it. If a resident wants to do their own packing, it is important that you have signed documentation noting the date by which the resident must have their property packed and ready for movers.

Disconnecting and reconnecting household appliances and other personal property (telephone and cable TV)

Storage of household goods as may be necessary may be allowed when approved

Any increase in monthly rent/utility costs during the temporary displacement period

Insurance for the replacement value of personal property during the move and necessary storage during the temporary displacement period

The replacement value of property lost, stolen or damaged in the move, if insurance is not purchased (see above)

The cost of reasonable and necessary security deposit required to lease the replacement dwelling unit

The cost of increased security deposit upon moving back into the rehabilitated unit in the following instance:

- Project-Based Section 8 Properties – If the property that is being rehabilitated is a Project-Based Section 8 property, there may be an additional relocation expense. This expense could be an increased security deposit to match the Total Tenant Payment (TTP) at the time of move-in, which may be triggered in the relocation process if the owner treats the temporary relocation of a resident as a “move-out” from the current unit and a “move-in” to the next unit after rehabilitation. If the tenant’s income has increased since the initial move-in, the TTP calculated at the relocation event will be higher than the initial TTP, requiring an increase to the security deposit. *The difference between the original security deposit and the recalculated deposit is the responsibility of the developer/owner (not the tenant) as part of the relocation cost.*

Permanent Relocation

List of Occupying Tenants

At application, FIRM Submission, and upon completion, the applicant must provide the City Department of Housing and Community Development with full list of all tenants occupying the property. If the new tenant list differs from the previous list, the applicant must provide an explanation and supporting documentation explaining why a tenant is no longer an occupant on the property.

If the tenant was displaced, please provide the proper documentation showing the relocation benefits and/or expenses that were calculated and paid to (or for) the displaced tenant as required under the URA regulations. Provide the proper information for any tenant that was “evicted for cause” with evidence that the eviction was handled properly in accordance with state and local laws. Also provide documentation regarding whether the tenant moved of their own choosing and not for reasons related to the HOME Program rules (i.e. income limitations).

For purposes of this section, the term “displaced person” means any person who permanently moves from the real property or moves his or her personal property from the real property (except as provided in paragraph (ii) of this definition in [49 CFR 24.2](#). (This includes a person who occupies the real property prior to its acquisition, but who does not meet the length of occupancy requirements of the Uniform Act as described at [§ 24.401\(a\)](#) and [§24.402\(a\)](#).)

A “displaced person” includes any permanent, involuntary move from the HOME-assisted project including any permanent move from the real property that is made after notice by the owner to move permanently from the property. The definition will also include a permanent move from the real property by a tenant-occupant if any one of the following three situations occur:

1. *The tenant moves after execution of the agreement covering the acquisition and/or rehabilitation, and the move occurs before the opportunity to lease and occupy a suitable, decent, safe, and sanitary*

dwelling in the same building/complex upon completion of the project under reasonable terms and conditions.

Such reasonable terms and conditions must include a term of at least one year at a monthly rent and estimated average monthly cost that does not exceed the greater of:

- The tenant's monthly rent before such agreement plus estimated average monthly utility costs; or*
 - The total tenant payment, as determined under [24 CFR 5.628](#), if the tenant is low-income; or*
 - 30% of gross household income, if the tenant is not low-income.*
- 2. The tenant is required to relocate temporarily, does not return to the building/complex, and either the tenant is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation OR other conditions of the temporary relocation are not determined reasonable.*
 - 3. The tenant is required to move to another dwelling unit in the same building/complex but is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.*

A "displaced person" must be provided relocation assistance at the levels described in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) ([42 U.S.C. 61](#)) and [49 CFR Part 24](#).

A "displaced person" must be advised of his or her rights under the Fair Housing Act and, if the comparable replacement dwelling used to establish the amount of the replacement housing payment to be provided to a minority person is located in an area of minority concentration, the minority person should be given, if possible, opportunities to relocate to comparable and suitable, decent, safe, and sanitary replacement dwellings not located in such area.

A person does not qualify as a "displaced person" if:

- That person has been evicted for cause based upon a serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation or applicable Federal, State or local law, or other good cause, and the Participating Jurisdiction (PJ) determines that the eviction was not undertaken for the purpose of evading the obligation to provide relocation assistance. Due process must be followed in compliance with the State tenant-landlord laws. The eviction must also comply with the updated URA regulations at [49 CFR 24.206](#), which in part states that a tenant's non-compliance with a requirement to carry out a project does not necessarily negate their entitlement to relocation assistance and payments. Proper documentation pertaining to any tenant eviction must be provided to the subrecipient.
- That person moves into the property after the application for funding was already sent to the subrecipient and he/she signs the written tenant notice (Form FIN-310) before signing a lease and commencing occupancy. By signing the FIN-310 tenant notice, the person is acknowledging the possible impact to them from the project, due to the rehabilitation. They acknowledge their awareness of the fact that they may be permanently displaced, be temporarily relocated, and/or

may incur a rent increase due to the rehabilitation of the project. By signing the Form FIN-310, he/she further acknowledges that he/she is aware they will not be eligible for URA benefits;

- The person is ineligible according to 49 CFR 24.2;
- HUD determines that the person is not displaced as a direct result of acquisition, rehabilitation or demolition for the project.

Reimbursement of Moving and Related Expenses [24 CFR 24.301](#)

Expenses incurred in connection with the permanent displacement in the form of one of the following:

1. A payment for actual reasonable moving and related expenses should include the following:
 - Packing, moving and unpacking of household goods
 - Disconnecting and reconnecting household appliances and other personal property (e.g. telephone and cable TV)
 - Storage of household goods, as may be necessary
 - Any increase in monthly rent/utility costs
 - Insurance for the replacement value of personal property during the move and necessary storage
 - The replacement value of property lost, stolen or damaged in the move, if the insurance was not purchased
 - The cost of reasonable and necessary security deposit required to lease the
 - replacement dwelling unit
2. The displaced resident may choose a one-time fixed payment to cover their moving expense and displacement allowance. This payment is determined according to the Department of Transportation (DOT) [Fixed Residential Moving Cost Schedule](#) that is published periodically. The payment is based on the number of rooms to be moved.

Replacement Housing and Payments (RHP)

Replacement housing units for the displaced tenant must be comparable, decent, safe and sanitary. Each unit must be inspected to ensure that this test is met. Copies of those inspection forms must be provided to the subrecipient confirming the approval of the unit under NSPIRE inspection standards. If the displaced person selects a unit that fails an inspection for compliance with applicable codes and standards, and necessary corrections cannot be made to the unit, a replacement housing payment for that unit cannot be paid. However, the displaced person is still eligible to receive moving expense payments regardless of the unit selection.

Each displaced household must be offered at least a comparable replacement dwelling and, if applicable, the financial assistance necessary to make the replacement unit affordable.

Every household who meets the URA definition of a “displaced person” is eligible to receive relocation assistance. *The income of the displaced person is not a factor in determining eligibility but is a factor in calculating the amount of assistance they will receive.*

Rental assistance may be in the form of a Replacement Housing Payment (RHP) or, for eligible households and if available, tenant-based rental assistance under Section 8. If a tenant is not subsidized at the displacement site, the household has the right to choose whether rental assistance is provided through tenant-based rental assistance or through a calculated Replacement Housing Payment (RHP).

The Replacement Housing Payment (RHP) is intended to provide affordable housing for a 42-month period, according to URA regulations. The regulations require that displaced residents receive the full 42 months of assistance. The payment cap is normally determined by the rent/utility cost of the most comparable unit.

If a situation should arise in which a project cannot proceed on a timely basis because comparable replacement dwellings are not available within the monetary limits for the tenants, HUD authorizes the use of “Last Resort Housing Measure” as described in the [Title 49 Part 24.404 of the URA regulations](#). If you determine that the last resort housing measures will be necessary for any tenant in your project, the recipient should receive the information as soon as possible. Information as to how you plan to deal with last resort housing should be included in the narrative part of your relocation plan.

The replacement housing payments must be paid to the tenant and are generally made in 1 or 2 installments, unless the displaced tenant wishes to purchase a home. The payment to which the family is entitled is calculated based on the comparable replacement dwelling that is determined to be the most nearly representative or better than the dwelling from which they are being displaced (provide a calculation chart). If an offer of a comparable replacement unit is not made to the displaced household in a timely manner, the replacement housing payment must then be calculated based on the actual replacement unit chosen by the resident. This unit may have a higher rent/utility cost than a comparable unit would have had. For this reason, it is important to identify the most comparable replacement unit with the referrals when sending the Notice of Eligibility. Failure to identify a comparable unit when required may very well result in a substantially higher replacement housing payment.

Instructions on calculating the RHP can be found on the HUD website ([HUD Instruction Booklet 58 - 1-1-2024](#)). This document will guide you through the steps to determine a Replacement Housing Payment (RHP) for each displaced resident. Additionally, the HUD Form 40061 is located on the HUD website ([40061.PDF \(hud.gov\)](#)) to assist in determining the most comparable unit to use in your RHP calculation. The HUD Form 40058 ([40058.PDF \(hud.gov\)](#)) is used as a claim form for the RHP payments.

If the displaced tenant chooses the purchase option, the payment must be provided in a lump sum. The full amount of a lump sum payment must be applied to the purchase price of the replacement dwelling and related incidental expenses as stated in 49 CFR 24.402(c).

Tenant Communication

Appropriate Advisory to Tenants

General Information Notice (GIN) -The GIN is issued *as soon as feasible* to both owners and tenants to provide preliminary information about the proposed project and potential rights and protections. “As soon as feasible” is typically the time of application for federal assistance or when site control is obtained. If the Agency does not intend to displace residential occupant(s), the GIN should be modified to explain that they will not be displaced, caution the person not to move, and explain the ramifications of moving voluntarily from the project. The GIN must be provided to both temporarily and permanently displaced persons.

The GIN must:

1. Be issued in the name of the occupant and signed by an appropriate official of the displacing Agency.
2. Inform the household that it may be displaced for the project and generally describe the relocation payment(s) for which the household may be eligible, the basic conditions of eligibility, and the procedures for obtaining payment(s).
3. Explain that if the household is displaced, reasonable relocation advisory services will be provided - including referrals to comparable replacement housing, help in filing payment claims, and other assistance necessary to help with a successful relocation.
4. Explain that the household will not be required to move without a minimum of 90-days advance written notice and until at least one comparable replacement dwelling has been made available;
5. Inform the displaced household that anyone who is an alien not lawfully present in the U.S. is ineligible for relocation advisory services and relocation payments, unless an unusual hardship exists ([49 CFR 24.208\(h\)](#)); and
6. Describe the right to appeal the Agency’s determination regarding eligibility for, or the amount of, relocation assistance.

Additionally, the notice should do the following:

- Explain that the project has been “proposed” and caution the person to not move. It is extremely important that this notice stresses “DO NOT MOVE.”
- Inform the tenant that they will be notified if they will be required to move temporarily and provided with suitable temporary housing and reimbursement of all reasonable out of pocket moving expenses.
- Explain what is to occur if the tenant is to be temporarily relocated (i.e.: approximately how long they should expect to be displaced from their current unit, how the applicant will accommodate them with replacement housing while they are displaced, how the applicant will assist them with any moving costs they incur from their temporary move) and,
- Explain that the renter will be able to move back into their unit or to another decent, safe and sanitary unit within the rehabilitated development.

A HUD information brochure may be issued along with the GIN to help meet general information requirements. [Brochure HUD-1042-CPD: Relocation Assistance to Tenants Displaced](#) from their Homes and [HUD-1044-CPD: Relocation Assistance to Displaced Homeowner Occupants](#).

Notice of Relocation Eligibility (NOE) - A notice of intent to acquire, rehabilitate, and/or demolish establishes eligibility for relocation assistance *prior to the initiation of negotiations* and/or prior to the commitment of Federal financial assistance to the activity. (See [§ 24.2 \(a\)](#).) Once eligibility begins, the Agency must promptly issue the [NOE](#).

The NOE informs occupants (that will be either temporarily or permanently displaced) of their eligibility for relocation assistance, the estimated amount of assistance based on individual circumstances and needs, and the procedures for obtaining the assistance. Sample form located in the [HUD-1378 Handbook](#).

90-day Notice -Displaced households must be provided with a minimum of 90 days written notice prior to being required to move (unless the urgent need provisions in [49 CFR 24.203\(c\)\(4\)](#) are met). The notice must either state the earliest specific date by which the household may be required to move, or state that further notice of the specific move date requirement will be provided at least 30 days in advance.

If the 90-day notice is issued before a comparable replacement dwelling has been made available, the notice must clearly state that the occupant will not have to move earlier than 90 days after such a dwelling is made available. The 90-day notice may not be issued prior to the NOE, but the two notices may be combined. When occupants move on their own before receiving a 90-day notice, it is not necessary for the Agency to provide this notice.

Notice of Intent to Acquire (NOI)- a displacing Agency's written communication to a person who will be displaced whether (temporarily or permanently) that establishes "early" eligibility for relocation assistance (i.e., prior to the initiation of negotiations or the commitment of federal financial assistance to a project).

Including reasonable advance written notice of:

- The date and approximate duration of the temporary relocation;
- The location of the suitable, decent, safe, and sanitary dwelling to be made available for the temporary period;
- The terms and conditions under which the tenant may lease and occupy a suitable, decent, safe and sanitary dwelling in the rehabilitated building/complex upon completion of the project; and
- The requirements for reimbursement of reasonable out-of-pocket expenses as described in this section directly above.

Notice of Non-Displacement (NOND)

NONDs are to be issued to persons within a HUD-assisted acquisition, rehabilitation or demolition project who do not qualify as permanently displaced. It also applies to tenants who will be permanently moved to another unit within the same building/complex. The NOND should advise those tenants of the Agency's determination that they do not qualify as displaced and inform them of their right to appeal. For those who qualify for and are being offered the opportunity to continue occupancy in the completed project, the NOND must explain the reasonable terms and conditions of occupancy upon project completion.

Nondisplaced persons may be required to move to another unit within the project or to relocate temporarily while the property is being rehabilitated (as long as the terms and conditions of such moves are reasonable).

If the tenant will be temporarily relocated, the notice must include an explanation of the applicable policies covering the temporary relocation, including:

- Project Schedule – the date and approximate duration of the temporary relocation
- The address of the suitable, decent, safe and sanitary dwelling to be made available for the temporary period,
- The reasonable terms and conditions under which the person may continue to lease and occupy the property upon completion of the project,
- The costs that will be reimbursed, and
- The advisory services which will be available to them

WARNING! If NONDs are not issued and tenants move permanently from the project, they will often qualify as displaced (whether or not the Agency asked them to vacate).

Move-in Notice / Prospective Tenant Notice - written notice to a person who is interested in moving into a project after the date an application for HUD assistance was submitted. The notice must inform the potential occupant of the following information:

- An application for federal assistance for the project has been submitted,
- The project's possible impact on the person (e.g., the person may be displaced, temporarily relocated or suffer a rent increase), and
- The fact that he or she would not qualify for relocation assistance as a "displaced person" resulting from the project if he or she chooses to occupy the property.

If the person is provided with a *Move-in Notice* before leasing and occupying the property and agrees to occupy the property under the terms of the notice, the person is **not** eligible for relocation assistance.

Manner of Notices

1. Notices must be in plain, understandable language.
2. Translation and counseling services are to be provided as appropriate.
3. Each notice must indicate the name and phone number of a contact person for questions or other needed help.
4. Each notice must be personally served or sent by certified or registered first-class mail, return receipt requested*, and documented in Agency files. A Federal funding agency may approve a process to permit the displaced person to elect to receive the required notices by electronic delivery in lieu of the use of certified or registered first-class mail, return receipt requested, or personally served notices, when an agency demonstrates a means to document receipt of such notices by the property owner or occupant. A Federal funding agency may approve a process to permit the use of electronic signature which meet the requirements of 49 CFR [§24.5\(e\)](#).

* Exception: If a project will not require any permanent or temporary relocation, a GIN explaining non-displacement may be served by posting it in accessible locations.

Advisory Services

Agencies are to provide in-person advisory services for all displaced persons, preferably completed at the displacement dwelling (although other arrangements are acceptable) to:

1. Determine the relocation needs and preferences of each household that will be displaced;
2. Explain potential relocation payments and other available assistance;
3. Explain eligibility requirements; and
4. Clarify the procedures for obtaining assistance.

Each displaced person should be contacted for an in-person interview (as appropriate) as soon as feasible. Each household will be asked to provide household composition, income, housing costs, housing preferences and potential barriers to relocation as early in the process as possible.

Information and counseling should also include:

- Referrals to other available assistance and human services (e.g. health services, public assistance, childcare, job training, and voter registration) and such other help as may be appropriate for each tenant.
- Information about federal, state and local housing assistance programs and how to apply for them.
- Information about the household's rights under the Fair Housing Act.

The tenant(s) should sign and acknowledge proper advisory service. If holding group informational meetings, dated sign-in sheets and a copy of the meeting agenda must be collected and maintained for City review.

Suitable Housing (for Temporary Relocation)

The temporary relocation unit need not be comparable, but it must be suitable for the tenant's needs. The unit must be decent, safe and sanitary.

An inspection of the temporary unit is inspected should be approved before the tenant moves into it (even if the tenant finds his/her own unit). The section 8 HQS checklist may be used to document the inspection. All NSPIRE Inspection Forms showing unit approval must be submitted to the city.

It is preferred that temporary relocation units are similar rental units to the current tenant unit. However, with proper approval, units can be in hotel rooms with no cooking facilities. Meal stipends must be provided for the household in these situations and the conditions and terms of the temporary relocation remain "reasonable." The federal government's per-diem rate will apply as a guideline for meal reimbursement, using one-half of the daily rates for children in the household who are under 10 years of age.

If a tenant states that they will be paying rent to a friend or a family member, the "landlord" friend or family member must provide documentation of an agreement for rent stating the amount and term the agreement should be signed by both the "landlord" and the tenant. Additionally, evidence of payment of rent must be provided and that the housing is decent, safe, and sanitary.

Upon return to the rehabilitated development, the family must be offered a unit that is affordable for the family, DS&S, and appropriate for the household's size.

The Relocation Plan

An initial relocation plan and relocation budget must be submitted to the City of Kansas City Missouri's Housing and Community Development Department ("the City") at the time of application submission. This plan must describe the manner in which the displacement of tenants will be handled. The City will need to be informed whether the relocation will be temporary relocation or permanent displacement. If a project is awarded HOME funding, you will need to provide a more detailed relocation plan that includes a more specific relocation budget.

The relocation plan for a project must include all the following information:

1. A description of the rehabilitation project with a description of how many tenants might need to be temporarily and/or permanently displaced.
2. Characteristics of the current households, including the race/ethnicity, income ranges, and a description for how many people with special needs will be provided.
3. A budget identifying anticipated relocation expenses as well as sources and uses of funds.
4. A project schedule identifying the various stages from the beginning through the end of the displacement-causing activities.
5. A list of all addresses of the occupied buildings in the proposed property.
6. Description of available resources, including information on the supply of affordable replacement housing in the area, when permanent relocation or temporary off-site relocation is necessary.
7. Description of what measures will be taken to help displaced persons who may be hard to house because of family size, economic status or social problems.
8. Provide information on tenants who may require the use of "last resort housing measures" to provide them with the required replacement housing on a timely basis.
9. Identify any social and/or supportive service agencies that will be given to the tenants as referrals, as appropriate.
10. Describe the temporary relocation to be provided – what services, the amount of assistance, the timing, and the housing units to be used for temporary dwellings.
11. The organization that will be providing the relocation services must be described, including information about their level of experience and history working with relocation and URA relocation.
12. Description of the records to be maintained.

QUICK TIP URA NOTICE SHEET

• NOTICE	• WHO IS REQUIRED TO SIGN/RECEIVE NOTICE	• PROOF OF DELIVERY OPTIONS	• WHEN THE ACTION MUST OCCUR	• RECORD RETENTION
• Notice of Intent to Acquire, Rehabilitate, or Demolish	• Head of Household of (both temporarily and permanently displaced)	• Sign in Sheet (tenant meeting or door to door delivery) • USPS certified return receipt	• Prior to the initiation of negotiations or commitment of federal financial assistance.	• 3 -5 years
• GIN (General Information Notice)	• Head of Household of (both temporarily and permanently displaced)	• Sign in Sheet (tenant meeting or door to door delivery) • USPS certified return receipt	• Within 30 days of ION (Initiation of Negotiations)	• 3 -5 years
• Notice of Non-Displacement (may be combined with the GIN if delivered concurrently)	• Head of Households that will NOT be displaced	• Sign in Sheet (tenant meeting or door to door delivery) • USPS certified return receipt	• Upon determination of non-displacement	• 3 -5 years
• Temporary Relocation Notice	• Head of Households that will be temporarily relocated	• Sign in Sheet (tenant meeting or door to door delivery) • USPS certified return receipt	• Upon determination of temporary relocation	• 3 -5 years
• Notice of Relocation Eligibility	• Head of Households being relocated	• USPS certified return receipt	• Upon determination of relocation	• 3 -5 years
• Move-In Notice	• Head of Households moving into the development	• Signed Notice	• BEFORE the HOH agrees to move to the project.	• 3 -5 years
• Move-Out Notice	• Head of household moving out of the development		• When the lease in place states it needs to be completed	• 3 -5 years

• ** The Notice of Non-Displacement is only required if there will be no displacement at the development. Instructions regarding this can be found in Handbook 1378.

ACKNOWLEDGEMENT AND ACCEPTANCE OF KANSAS CITY MISSOURI RELOCATION POLICY

GENERAL RELOCATION ASSISTANCE POLICY

[NAME OF OWNER/DEVELOPER] has read the enclosed RELOCATION ASSISTANCE POLICY that explains Kansas City Missouri's relocation policy. We, as the responsible entity for the proposed relocation activities at [NAME OF THE DEVELOPMENT], agree to accept and abide by the procedures and policies set forth in the Kansas City Missouri Relocation Assistance Policy and the Federal Uniform Relocation Act (URA) Guidelines.

Date Signed

Organization Name

Owner/Developer Signature

Owner/Developer Name Printed

Relocation Point of Contact:

Organization Name

Email Address

Printed Name of Contact

Phone Number

Please sign and return this form with the additional requested information listed on the documentation checklist. You must return all items prior to the issuance of the Conditional Commitment for City federal funding.

UNIFORM RELOCATION CHECKLIST (residents)

Uniform Relocation Checklist

Project Name & Location: _____

Funding ☐ CDBG ☒ HOME

Type of Project ☐ Acquisition ☐ Demolition ☐ New Construction ☐ Rehabilitation
 ☐ Down Payment Assistance ☐ Not Applicable (Reason): _____

Displace is going to occur ☐ Permanent ☐ Temporary ☐ NO displacement occurring

Who ☐ Family ☐ Individual ☐ Business / Farm

Residential ☐ Renter ☐ Owner
 ☐ Voluntary ☐ In-voluntary

Business ☐ Renter ☐ Owner ☐ Farm
 ☐ Voluntary ☐ In-voluntary

Must meet all: ☐ Legal Occupant ☐ Not evicted for cause
 ☐ Not a profess Relocated ☐ No longer able to retain use or occupy

Notices ☐ General Information Notice (GIN)
 ☐ Move in
 ☐ Notice of Non-displacement
 ☐ Temporary Relocation Notice
 ☐ Notice of eligibility
 ☐ 90-Day notice
 ☐ 30- Day notice

Type of assistance
Residential ☐ Replacement Housing ☐ Moving and Related Expenses
Business ☐ Payment for Actual ☐ Fixed Payment

Forms:

HUD -40055 Claim for Actual Reasonable Moving or Related Expenses – Non Residential
 -40057 Claim for Replacement Housing for 180-Day Homeowner Occupancy
 -40054 Claim for Moving and Related Expenses
 -40061 Comparable Replacement Housing
 -40058 Claim for Rental Assistance or Down Payment Assistance

104(d) Checklist

Project receiving: ☐ CDBG ☒ HOME

People	Unit
<input type="checkbox"/> Low Income Household and <input type="checkbox"/> Demolition <input type="checkbox"/> Conversion	Gross Rent (Rent + Utilities): <input type="checkbox"/> Exceeds FMR – Stop! <input type="checkbox"/> Does NOT exceed FMR -Continue
Notices: <input type="checkbox"/> General Information Notice <input type="checkbox"/> Notice of Eligibility – Sec 8 Avail <input type="checkbox"/> Notice of Eligibility – Sec 8 Not Avail	Unit is going to be: <input type="checkbox"/> Demolished – continue <input type="checkbox"/> Converted – continue <input type="checkbox"/> Other – Stop!
<input type="checkbox"/> Replacement Housing <input type="checkbox"/> Security Deposits <input type="checkbox"/> Moving and Related Expenses	Unit condition is: <input type="checkbox"/> In standard Condition <input type="checkbox"/> Substandard but suitable for Rehab <input type="checkbox"/> Substandard not suitable but has been occupied within the last 3 months
	<input type="checkbox"/> Unit must be replaced Replacement:
	<input type="checkbox"/> Unit will not be replaced Comments:
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable

Forms:

HUD 40072 Claim for Rental or Purchase Assistance

"EXHIBIT A"

NOTIFICATION TO SELLER – VOLUNTARY SALE

DATE: _____

Dear Owner:

The purchaser of your property located at _____ is being assisted with funding through the _____. The funding could possibly be allocated from the federally funded HOME program.

The purpose of this letter is to inform you of your rights under federal law when federal funds are involved in property acquisition. This is a voluntary sale. Activities funded by the HOME program are covered by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, commonly called "the Uniform Act." The Uniform Act protects persons whose property is taken involuntarily or who are forced to move as a direct result of a federally funded project. However, because this is a voluntary sale negotiated between you and the buyer, and there is no threat of eminent domain or condemnation to take your property; this sale is not regulated by the Uniform Act except for the following notifications which we must present to you:

1. *The purchaser does not have the power of eminent domain to take your property if an agreement through negotiation cannot be reached.*
2. *The fair market value of the property located at _____ has been estimated at \$_____. The purchase price being offered is \$_____. You have the authority to accept or reject this offer just as you would in any private transaction.*

You, as the seller, are not eligible for relocation assistance under the Uniform Relocation Act because the proposed sale is considered voluntary, and the above information is being provided to you prior to executing a purchase agreement or sales contract. If you have any questions or require additional information, please contact _____ at _____ between the hours of _____ and _____.

Sincerely,

"EXHIBIT B"

Owner Receipt of Information

I, _____, the owner of the property located at _____,

certify that I have received and understood the above information. I further certify that this notice was received:

- ☐ Prior to executing a purchase agreement.
- ☐ After the purchase agreement was executed, however, I do not wish to terminate this voluntary sale.

IN WITNESS WHEREOF, the owner has caused this certification to be duly executed in its name on this ____ day of _____, 20 ____

Legal Name of Owner

By: _____

Name

Title

STATE OF MISSOURI

COUNTY OF _____ To Wit:

Signed and sworn to before me, the undersigned authority, on this ____ day of _____, 20____

My commission expires: _____

Notary Public

“EXHIBIT C”

SAMPLE GENERAL INFORMATION NOTICE RESIDENTIAL TENANT NOT DISPLACED

Grantee or Agency Letterhead

(date)

Dear _____:

(Agency/For-Profit Org), is interested in rehabilitating the property you currently occupy at (address) for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the _____ program. The purpose of this notice is to inform you that you will **not be displaced** in connection with the proposed project.

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

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

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

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

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

Please remember:

- This is not a notice to vacate the premises.

- This is not a notice of relocation eligibility.

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

Name		Title	
Address			
Phone		TTY	
Email			

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 sample notice. It should be revised to reflect the circumstances.

GENERAL INFORMATION NOTICE

"EXHIBIT D"

[DATE]

Dear _____,

On [DATE], the _____, notified you of proposed plans to [acquire/rehabilitate/demolish] the property you currently occupy at [address] for a project which could receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the HOME / CDBG program. One [date], the project was approved and will receive federal funding.

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

This is your NOTICE OF ELIGIBILITY for relocation assistance.

The effective date of your eligibility is [DATE]. (Insert the date of the ION, see 49CFR 24.2(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 with written notice of the date by which you will be required to move. This date will be no less than 90 days from the date comparable replacement housing has been made available to you. Please contact [contact name, phone, email address] for additional information.

The relocation assistance to which you are entitled includes:

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

Payment for Moving Expenses: You may choose:

a payment for your actual reasonable moving and related expenses, or

GENERAL INFORMATION NOTICE

"EXHIBIT D"

a fixed moving payment in the amount of \$_____ based on the URA Fixed Residential Moving Cost Schedule, or

a combination of both.

Replacement Housing Payment: You may be eligible for a replacement housing payment to rent or buy a replacement home. The payment is based on several factors including:

The monthly rent and cost of utilities for a comparable replacement dwelling.

The monthly rent and cost of utilities for your present home, and

For low-income persons 30% of your average monthly gross household income. This payment is calculated on the difference in the old and new housing costs for a one-month period and multiplied by 42.

Listed below are three comparable replacement dwellings that you may wish to consider for your replacement home.

	Address	Rent/Utility Costs	Contact
1.			
2.			
3.			

Based on the income information that you have provided and the rent and utilities you currently pay, you may be eligible for a maximum replacement housing payment (RHP) of approximately \$_____ (42 x \$_____).

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

You also have the option to purchase a decent, safe, sanitary replacement home. You will be eligible for a down payment assistance payment which is equal to your maximum RHP of \$_____.

GENERAL INFORMATION NOTICE

"EXHIBIT D"

Please note that all replacement housing must be inspected to ensure that is decent, safe, and sanitary before any RHP is made.

Should you have questions about your eligibility for relocation assistance and payments, please contact [NAME], [TITLE], [PHONE], [EMAIL] before making plans to move.

PLEASE DO NOT MOVE OR COMMIT TO THE PURCHASE OR LEASE OF A REPLACEMENT DWELLING BEFORE WE HAVE MET AND DISCUSSED YOUR ELIGIBILITY. **Please do not discard this letter.**

Sincerely,

90-DAY NOTICE

“EXHIBIT E”

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

Previously you were notified that [Name of Developer] is continuing the rehabilitation/ redevelopment process for [Name of Property]. This process involves demolishing all buildings in preparation for new construction. As a result, you must relocate from your current housing unit to a new housing unit. You have been previously advised of the services you are entitled to receive in connection with your relocation.

We are required to notify all tenants in writing, of the earliest date they will be required to move. Please be assured you will not be required to move prior to 90-DAYS from the date of this letter.

Your planned move-out date is [Planned Move-Out Date]. We have identified at least one comparable replacement home for you, which is located at [Replacement Home Address]. While you are not required to move to this specific dwelling, you must relocate to a decent, safe, and sanitary replacement dwelling of your choice to receive any applicable relocation assistance.

*Please Note: In unusual circumstances, a resident may be required to vacate the property on less than 90 days advance written notice. An example of an unusual event is if HACP determines there is a health and safety issue that will put a tenant in danger.

Thank you again for your cooperation in this matter. If you are a person with a disability and need additional assistance as a result of your disability, please advise [Name]. This will enable us to provide better assistance for you and your family. We look forward to working with you to help make your transition to your new home a smooth one

Please contact us at [Your Phone Number] to discuss the relocation process and any assistance you may need. We are committed to making this transition as smooth as possible for you.

Thank you for your cooperation and understanding.

Sincerely,

[Your Name]

[Your Title, if applicable]

[Your Organization, if applicable]

NOTICE OF INTENT TO ACQUIRE (NOI)

“EXHIBIT F”

(Date)

Name of Property Owner

Address City

State, Zip

RE: Address or Legal Description of Property Location

Dear Tenant:

The purpose of this letter is to inform you that the _____, herein known as the Agency, intends to acquire your property located at _____. The Agency has identified the area in which your property is located as a “project” area in which the following improvements may be carried out: [INSERT TEXT]

Because Federal financial assistance is involved, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended. For your information and review, I have enclosed a copy of the Department of Housing and Urban Development’s brochure entitled, “When a Public Agency Acquires Your Property.”

The Agency wishes to disclose to you the following:

1. The acquisition would be considered an involuntary acquisition due to the fact that the Agency has the power of eminent domain and can acquire your property by condemnation.
2. In most cases, an appraisal and review appraisal are required to establish what is just compensation (fair market value) of a property.
3. You, or someone you designate to represent you, will be offered the opportunity to accompany the appraiser during the inspection of your property.

Notice of Intent to Acquire Page Two If your property is tenant-occupied, each tenant should be encouraged to not move until you have received the Offer of Just Compensation. Each lawful tenant determined to be eligible, as a displaced person will be assisted when the property is acquired. A representative of our Agency will contact each tenant to discuss their eligibility for assistance under the URA. The Agency wishes to caution you that any tenant who moves into the property identified herein for possible acquisition after the date of this letter, (date), may not be entitled to displaced person assistance from the Agency.

In the event you wish to provide housing to a tenant after this date, and you personally wish to pay for such assistance, please contact the Agency before you allow the tenant to occupy or lease the unit since URA assistance for a displaced person can be quite expensive.

If you wish to lease a vacant unit to a new tenant, but not be responsible for displacement assistance, be certain to have the attached Move-in Notice executed by the tenant prior to the tenant leasing and occupying your unit.

NOTICE OF INTENT TO ACQUIRE (NOI)

“EXHIBIT F”

NOTE: If an Agency determines that a person occupies a property, or is allowed to occupy a property, for the purpose of obtaining relocation assistance, and the HUD Field Office that administers URA requirements for HUD-assisted programs in the jurisdiction concurs in that determination, the tenant will not be entitled to assistance as a displaced person.

If you wish to discuss the Agency’s intent to acquire your property, the contents of the brochure or this letter, or the acquisition process that is required, please contact _____, _____, at _____.

Any correspondence or documents you wish to submit to the Agency should be mailed to _____, _____, Attention _____.

This letter, and all future correspondence you receive from the Agency, are important and should be kept in a place of safekeeping.

Sincerely,

Enclosure

NOTICE OF NONDISPLACEMENT (NOND)

“EXHIBIT G”

Grantee or Agency Letterhead

(date)

Dear _____:

On ____ (date) __, we 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. 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.

• 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 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. Please remember that 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, and all future correspondence you receive from the Agency, are important and should be kept in a safe place.

Sincerely,

(name and title)

MOVE-IN NOTICE

“EXHIBIT H”

Grantee or Agency Letterhead

(date)

Dear [name]:

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

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

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

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

Sincerely,

(name and title)

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

Print Name of Tenant(s) _____ Signature(s) _____

Address and Unit Number _____ Date _____

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

EXHIBIT I

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

EXHIBIT I

HOUSING REFERRALS												
Date	Address (Include Apt No.)	Census Track	Type of Unit			Size of Unit		Mo Rent + Est Avg Mo Utility Costs/Sales Price	Unit Inspd	Unit Avail Date	Low Income Or Minority Area?	Action on Referral (If refused, indicate why. Also indicate whether unit is representative comparable used as basis for pmt limit.)
			Rent	Sales	Subsidized	# of Rms	# of Bdrms					

REPLACEMENT DWELLING UNIT												
DATE OF MOVE _____ ADDRESS _____ CENSUS TRACT _____ IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO												
MONTHLY HOUSING COST (MHC) <input type="checkbox"/> RENTAL <input type="checkbox"/> PURCHASE MONTHLY RENT \$ _____ MORTGAGE PAYMENT (P&I) \$ _____ EST. AVERAGE _____ REAL ESTATE TAXES \$ _____ MONTHLY _____ EST. UTILITY COSTS \$ _____ UTILITY COSTS \$ _____ TOTAL MHC \$ _____ TOTAL MHC \$ _____ SALES PRICE \$ _____								<input type="checkbox"/> D. S. & S <input type="checkbox"/> NOT D. S. & S DATE OF INSPECTION _____ DATE OF REINSPECTION _____ NO. OF ROOMS _____ NO. OF BEDROOMS _____ (Include copy of Inspection Report in case file.)		RELOCATION PAYMENT(S) TYPE <input type="checkbox"/> ACTUAL <input type="checkbox"/> RENTAL <input type="checkbox"/> MOV. EXP. <input type="checkbox"/> DOWNPMT <input type="checkbox"/> FIXED <input type="checkbox"/> 180-DAY HO AMOUNT \$ _____ \$ _____ DATE CLAIM FILED _____ DATE CLAIM PAID _____ (Include copy of Claim Forms in Case File)		
IS UNIT IN AREA OF LOW-INCOME OR MINORITY CONCENTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IS UNIT SUBSIDIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ (Identify)			TEMPORARY HOUSING DATE _____ REASON _____ ADDRESS _____ RENTAL \$ _____ DATE OF MOVE TO PERMANENT DWELLING _____ OUT-OF-POCKET EXPENSES PAID: MOVING EXPENSES \$ _____ INCREASED HOUSING COSTS \$ _____					APPEAL FILED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE TYPE: <input type="checkbox"/> PAYMENT(S) <input type="checkbox"/> HOUSING <input type="checkbox"/> OTHER _____ (Include copy of Appeal in Case File)				

ACKNOWLEDGEMENT AND ACCEPTANCE OF KANSAS CITY MISSOURI RELOCATION POLICY

GENERAL RELOCATION ASSISTANCE POLICY

[NAME OF OWNER/DEVELOPER] has read the enclosed RELOCATION ASSISTANCE POLICY that explains Kansas City Missouri's relocation policy. We, as the responsible entity for the proposed relocation activities at [NAME OF THE DEVELOPMENT], agree to accept and abide by the procedures and policies set forth in the Kansas City Missouri Relocation Assistance Policy and the Federal Uniform Relocation Act (URA) Guidelines.

Date Signed

Owner/Developer Signature

Organization Name

Owner/Developer Name Printed

Relocation Point of Contact:

Organization Name

Printed Name of Contact

Email Address

Phone Number

Please sign and return this form with the additional requested information listed on the documentation checklist. You must return all items prior to the issuance of the Conditional Commitment for City federal funding.

HUD RELOCATION FORMS



The following HUD FORMS must be provided to each tenant.

HUD Form 1041-CPD, “When a Public Agency Acquires Your Property” [1041CPD.DOC \(live.com\)](#)

HUD Booklet 1042-CPD, “Relocation Assistance to Tenants” [1042CPD.PDF \(hud.gov\)](#)

Claim for Actual Reasonable Moving & Related Expenses [40054.PDF \(hud.gov\)](#)

Residential Claim for Moving and Related Expenses ([40054 \(1\) \(hud.gov\)](#))

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

See page 3 for Public Reporting Burden and Privacy Act Statements before completing this form

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

CMB Approval No. 2506-0016
(exp. 4/30/2018)

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 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 3). (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 7a(7), 7b(7) and 7c(7))						

Previous versions obsolete.

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, firms 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) whose 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 appliances 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 being used by an agency administering program services on behalf of HUD for certain HUD programs to determine whether you are eligible to receive a payment for moving and related expenses and the amount of any payment. Periodically, HUD reviews a random sample of the agency files to ensure compliance with statutory and regulatory requirements. The information requested is voluntary; 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 Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 34,408. This information may be shared with Federal agencies and other agencies approved by HUD to administer or assist with services for Uniform Relocation Assistance and Real Property Acquisition Policies Act obligations.

Claim for Replacement Housing Payment for 90-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. 04/30/2018)

(Form has been revised. See last page)

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 90-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 90-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)
---	------------------------------

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))			

Previous editions are obsolete

7. Incidental Expenses in Connection With Purchase of Replacement Dwelling (24.401 (e))		
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.	(a) Claimant	(b) For Agency Use Only
(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 8(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

To Be Completed by Agency		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)	
10. Effective Date of Eligibility for Relocation Assistance (mm/dd/yyyy)	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, including the time for reviewing existing data sources, gathering existing data from other sources, reviewing the collection of information, reviewing the data, 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 90-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 being used by an agency administering program services on behalf of HUD for certain HUD programs to determine whether you are eligible to receive a replacement housing payment for a 90-day homeowner and the amount of any payment. Periodically, HUD reviews a random sample of the agency files to ensure compliance with statutory and regulatory requirements. The information requested is voluntary; 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 Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C., et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 Stat., 34, 408. This information may be shared with Federal agencies and other agencies approved by HUD to administer or assist with services for Uniform Relocation Assistance and Real Property Acquisition obligations.

(NOTE: Updated to incorporate MAP-21 statutory changes to the URA effective on 10/01/2014. Please note the current URA regulations of 49 CFR part 24 will be revised in a future URA rule making to reflect MAP-21 changes. For additional information on MAP-21 changes to the URA for HUD programs and projects, refer to HUD Notice CPD-14-09 at the following website: <http://portal.hud.gov/hudportal/documents/huddoc?id=14-09cpdn.pdf>.)

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

See page 3 for Public Reporting Burden and
Privacy Act Statements before completing this form

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

CMB Approval No. 2506-0016
(exp. 04/30/2018)

(Form has been revised. See last page.)

For Agency Use Only

Name of Agency

Project Name or Number

Case Number

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 90-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?

☐ Yes ☐ 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? ☐ Yes ☐ 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 90-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".)	\$	\$

Previous editions are obsolete

Page 1 of 3

form HUD-40058 (06/2016)

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/cooling 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)

Previous editions are obsolete

Page 2 of 3

form HUD-40058 (06/2016)

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)
14. Recommended	\$		Date (mm/dd/yyyy)
15. Approved	\$		

Remarks

Remarks continued on a separate page? ☐ Yes ☐ No

(NOTE: Updated to incorporate MAP-21 statutory changes to the URA effective on 10/01/2014. Please note the current URA regulations of 49 CFR part 24 will be revised in a future URA rule making to reflect MAP-21 changes. For additional information on MAP-21 changes to the URA for HUD programs and projects, refer to HUD Notice CPD-14-09 at the following website: <http://portal.hud.gov/hudportal/documents/huddoc?id=14-09pdn.pdf>.)

**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.04/30/2018)

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

Previous editions are obsolete.

Page 2 of 2

form HUD-40061 (4/2005)

Claim for Rental or Purchase Assistance
 Under Section 104(d) of Housing and Community
 Development Act of 1974, as amended

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

 OMB Approval No. 2506-0016
 (exp. 4/30/2018)

 For Agency
 Use Only

Name of Agency

Project Name or Number

Case Number

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 Section 104(d) of the Housing and Community Development Act of 1974, as amended, and implementing regulations at 24 CFR Part 42 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. The Agency will help you complete this form. 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. 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 Section 104(d) of the Housing and Community Development Act of 1974, as amended. The information may be made available to a Federal agency for review.

1. Your Name(s) (You are the Claimant(s))

1a. Your Present Mailing Address(es)

1b. Your Telephone Number(s)

 2a. Have all members of the household moved to the same dwelling? ☐ Yes ☐ No (If "No", list names of all members and the address 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 unit you moved to? ☐ Yes ☐ 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. **Computation of Payment:** Complete Items 13 and 14 on the back of this form before completing this section.

 If you are filing for purchase assistance, check this box ☐ and skip line (1).

Item	To Be Completed By Claimant	For Agency Use Only
(1) Monthly Rent and Estimated Average Monthly Utility Costs for Unit That You Moved To (from Item 13, line (8), column (a))	\$	\$
(2) Monthly Rent and Estimated Average Monthly Utility Costs for Comparable Replacement Dwelling (from Item 13, line (8), column (c)) (to be provided by Agency)		
(3) Lesser of line (1) or (2) (If claim is for purchase assistance enter amount from line (2))		
(4) Total Tenant Payment (from Item 14, line (8) or as computed by PHA)		
(5) Monthly Need (Subtract line (4) from line (3))		
(6) Amount of Payment (Renters multiply amount on line (5) by 50; Agency will determine purchase assistance amount)		
(7) Cost of Security Deposit		
(8) Cost of Credit Check		
(9) Amount of Claim (Add lines (5), (7) and (8))	\$	\$
(10) Amount Previously Received, if any		
(11) Amount Requested (Subtract line (10) from line (9))	\$	\$

 6. **Certification:** I certify that this claim and supporting information are true and complete and that I have not been paid for these expenses from 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	7. Effective date of eligibility for relocation assistance	8. Date of referral to comparable replacement dwelling	9. Date replacement dwelling inspected and found decent, safe and sanitary
	10. Payment To Be Made in: <input type="checkbox"/> Lump Sum (only for down payment assistance) <input type="checkbox"/> Monthly Installments <input type="checkbox"/> Other Installments (specify in the Remarks Section)		
Payment Action	Amount of Payment	Signature	Name (Type or Print)
11. Recommended	\$		
12. Approved	\$		

Previous editions are obsolete

Page 1 of 2

form HUD-40072 (4/2005)

13. Determination of Rent and Average Monthly Utility Costs

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 heat, hot water, cooking, lighting, and 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 you receive (or will receive) a monthly housing subsidy at the replacement dwelling (e.g., Section 8 Housing Assistance Payment (HAP)), enter the applicable amount on line (7), column (a).

Item	Average Monthly Cost		
	Unit That You Moved To (Do not complete if claim is for purchase assistance)		Comparable Replacement Dwelling
	(a) Claimant	(b) For Agency Use Only	(c) To Be Provided By Agency
(1) Rent (The amount paid under the terms and conditions of occupancy. It may or may not cover any utilities.)	\$	\$	\$
(2)			
(3)			
(4)			
(5)			
(6) Gross monthly rent and utility costs (add lines (1) through (5))			
(7) Monthly housing subsidy, if applicable (e.g., Section 8 HAP)	\$	\$	\$
(8) Net monthly rent and utility costs (subtract line (7) from line (6))	\$	\$	\$

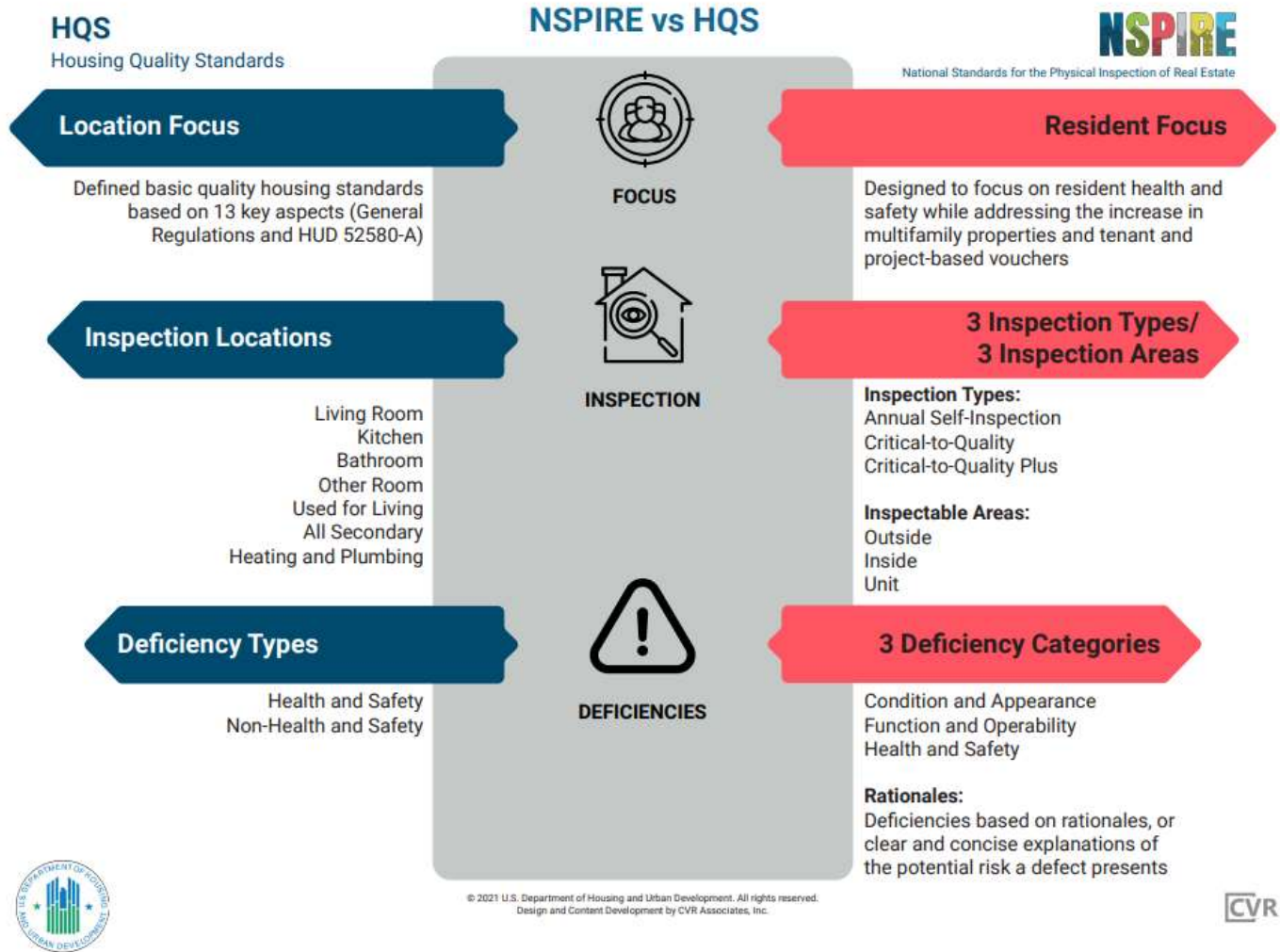
14. Determination of Total Tenant Payment (See 24 CFR 5.628) If PHA computes Total Tenant Payment, this section need not be completed.

Item		Household Income	
		(a) To Be Completed By Claimant	(b) For Agency Use Only
(1) Annual Gross Income of Household. Include income from net family assets. Enter name of each household member with income. (See 24 CFR 5.609)		\$	\$
(2) Total gross annual income (add entries in line (1))			
(3) Adjustments to income (see 24 CFR 5.611)			
(a) Dependent deduction (\$480 X number of dependents)			
(b) Elderly household deduction (Enter \$400, if head of household or spouse is 62 years or older or handicapped or disabled)			
(c) Allowable child care expenses (expenses for children 12 and under that enable a family member to work or further education)			
(d) Allowable handicapped assistance expenses for nonelderly family (that enable handicapped or disabled person to work or another household member to work)			
(e) Allowable handicapped assistance expenses and medical expenses for elderly family (if head of household or spouse is 62 years or older or handicapped or disabled)			
(f) Total adjustments to income (Add lines (3)(a) through (3)(e))			
(4) Subtract line (3)(f) from line (2) (This is annual adjusted income)			
(5) Divide line (4) by 12 (This is monthly adjusted income)			
(6) 30 % of line (5)			
(7) 10 % of gross monthly income (Divide line (2) by 120)			
(8) Greater of line (6) or (7) (Enter in Item 5, line (4)) ^[1]		\$	\$

Remarks:

[1] If the claimant receives public welfare assistance in a State or community that designates a specific portion of such assistance as a shelter allowance and adjusts that amount according to actual housing costs, enter the designated amount in Item 5, line (4), if it is greater than the amount in Item 14, line (8).

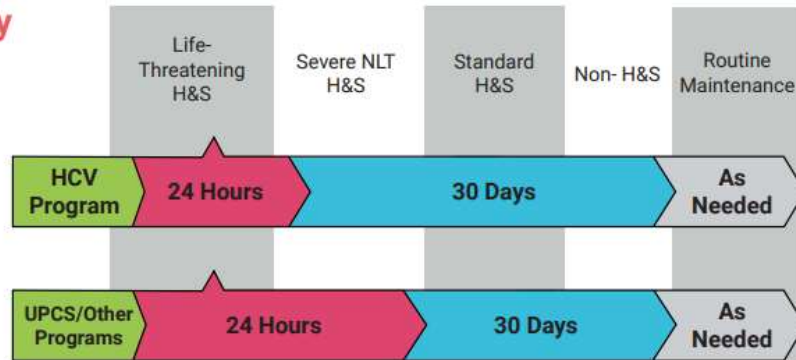
NSPIRE VS HQS



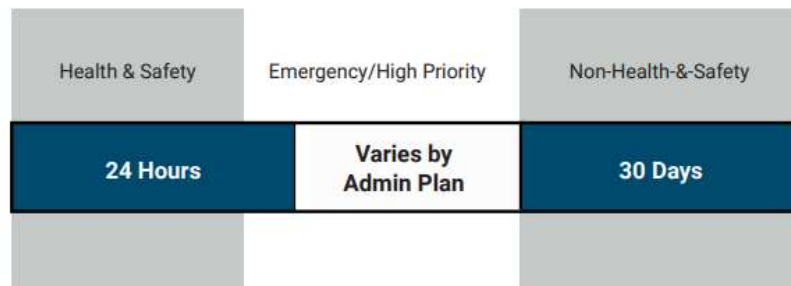
NSPIRE VS HQS

NSPIRE vs HQS

NSPIRE Deficiency Time of Repair



HQS Deficiency Time of Repair



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Initial Application Package

Relocation Plan Must Include:

- ☐ Detailed description of the relocation process including needs of those to be displaced or temporarily relocated and how the needs will be met.
- ☐ Relocation Activity Schedule (projected timeline for meeting described needs).
- ☐ Itemized budget.
- ☐ List of building(s) to be renovated including addresses.
- ☐ Description of available resources to be used (list of affordable replacement housing when temporary offsite or permanent relocation is necessary).
- ☐ Last resort housing measures (measures to be taken to help permanently displaced persons who may be hard to house because of family size, economic status or social problems). Provide a list of households who may require these measures.
- ☐ Description of services to be provided to tenants during the relocation process.
- ☐ Organization and contact person for relocation process(both for the city and for the tenants).
- ☐ Description of Records Maintenance (what and for how long).
- ☐ Tenant List Including Family Name, Unit Address, # in household, Current rent cost, assistance amounts, gross annual income, race/ethnicity information.
- ☐ Copies of draft notices sent to all occupants.
- ☐ 90 & 30-day notices (include specific date by which the property must be vacated or earliest date by which occupant may be required to move – if this information is in 90-day notice, no 30-day notice is due).
- ☐ Notice of Non-Displacement OR Notice of Eligibility (for renters who will only be temporarily relocated or one move into a renovated unit).