

GUIDEFORM NOTICE OF ELIGIBILITY FOR
RELOCATION ASSISTANCE - 90/180-DAY HOMEOWNER
OCCUPANT (INVOLUNTARY ACQUISITION)

Grantee or Agency Letterhead

(date)

Dear _____:

On ___ (date) ___, the ___ (City, County, State, Public Housing Authority (PHA), other) ___, notified you of proposed plans to acquire the property you currently own and 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.

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 _____.** (*Insert date of Initiation of Negotiations, see 49 CFR 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 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.

Enclosed is a brochure entitled, "Relocation Assistance to Displaced Homeowner Occupants." Please read the brochure carefully. It explains your rights and provides additional information on eligibility for relocation payments and what you must do in order to receive these payments.

The relocation assistance to which you are entitled includes:

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

Payment for Moving Expenses. You may choose: (1) a payment for your actual reasonable moving and related expenses, or (2) a fixed moving payment in the amount of \$_____ based on the URA Fixed Residential Moving Cost Schedule, or (3) a combination of both.

Replacement Housing Payment. You may be eligible for a replacement housing payment in order to help you purchase a comparable replacement home. A replacement housing payment is comprised of the following three payments: 1) Price differential payment 2) Mortgage interest differential payment and 3) Incidental expenses. A more detailed description of these three payments may be found in the enclosed brochure.

Listed below are three comparable replacement dwellings that you may wish to consider for your replacement home. If you would like, we can arrange transportation for you to inspect these and other replacement dwellings.

	<u>Address</u>	<u>Asking Price</u>	<u>Name and Tele. No. of Person to Contact</u>
1.	_____		
2.	_____		
3.	_____		

We believe that the dwelling located at _____ (*address*) _____ is the most representative of your present home and it will be used to calculate your maximum replacement housing payment. Please contact us immediately if you believe this dwelling is not comparable to your current home. We can explain our basis for selecting this dwelling as most representative of your current home and discuss your concerns.

Since the dwelling located at _____ (*address*) _____ would cost \$_____ more than the amount offered for your present home, you may be eligible for a maximum purchase price differential payment of \$_____, in addition to other eligible mortgage interest differential payment and incidental payment costs to purchase your replacement home. If you purchase a decent, safe and sanitary replacement dwelling that costs less than \$_____, your replacement housing payment will be based on the actual purchase price of that home.

Should you wish to rent (rather than buy) a replacement home, let us know. We will help you find comparable rental housing and explain your eligibility for a rental assistance payment.

Please note that all replacement housing must be inspected in order to ensure it is decent, safe and sanitary before any replacement housing payments are made.

If you have any questions about this letter and your eligibility for relocation assistance and payments, please contact _____ (*name*), _____ (*title*) at (*phone*) _____, _____ (*address*) before you make any moving plans. He/she will assist you with your move to a new home and help ensure that you preserve your eligibility for all relocation payments to which you may be entitled.

Remember, do not move or commit to the purchase or lease of a replacement home before we have a chance to further discuss your eligibility for relocation assistance.

This letter is important to you and should be retained.

Sincerely,

(*name and title*)

Enclosure

NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
2. This is a guideform. It should be revised to reflect the circumstances.