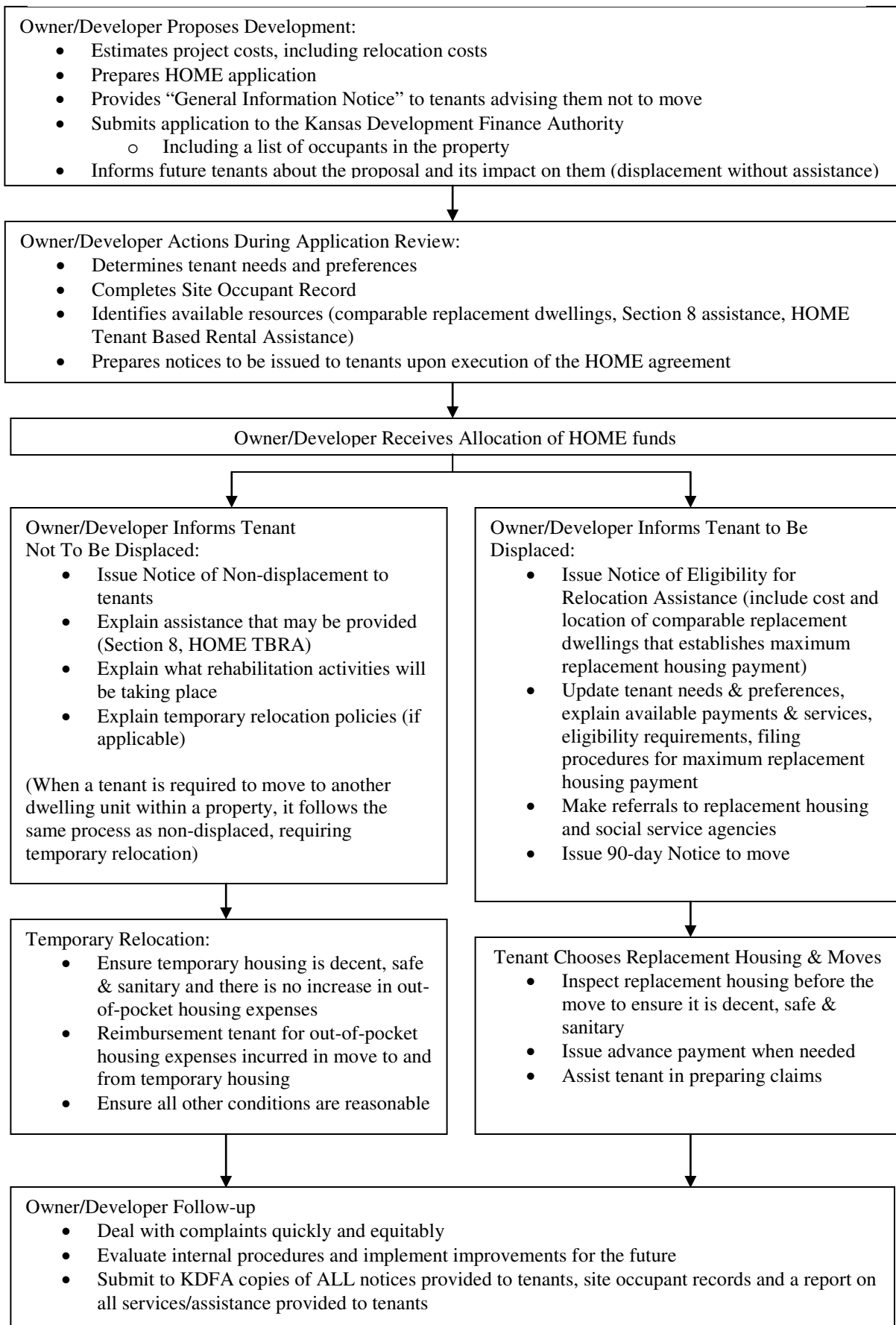


Tenant Assistance/Relocation Process



GUIDEFORM GENERAL INFORMATION NOTICE
RESIDENTIAL TENANT THAT WILL NOT BE DISPLACED
Grantee or Agency Letterhead

(date)

Dear _____:

On _____, (property owner or purchaser) _____ submitted an application to the Kansas Housing Resources Corporation for financial assistance to rehabilitate the building that you occupy at (address) _____.

This notice is to inform you that, if the assistance is provided and the building is rehabilitated, you will not be displaced. Therefore, we urge you not to move anywhere at this time. (If you do elect to move for reasons of your choice, you will not be provided relocation assistance.)

If the application is approved and Federal assistance is provided for 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) upon completion of the rehabilitation. Of course, you must comply with standard lease terms and conditions.

After the rehabilitation, your initial rent, including the estimated average monthly utility costs, will not exceed the greater of (a) your current rent/average utility costs, or (b) 30 percent of your average monthly gross household income. If you must move temporarily so that the rehabilitation can be completed, suitable housing will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses, including all moving costs and any increase in housing costs.

Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you will be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and should be retained. You will be contacted soon. In the meantime, if you have any questions about our plans, please contact (name) _____, (title) _____, at (phone) _____.

Sincerely,

(name and title) _____

GUIDEFORM GENERAL INFORMATION NOTICE
RESIDENTIAL TENANT TO BE DISPLACED
Grantee or Agency Letterhead

(date)

Dear _____:

The (agency) _____, is interested in acquiring the property you occupy at (address) _____ for the (project) _____.

This notice is to inform you of your rights under Federal law. If the agency acquires the property and you are displaced for the project, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. However, do not move now. This is not a notice to vacate the premises. You should continue to pay your monthly rent to your landlord because a failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance. You are urged not to move or sign any agreement to purchase or lease a new unit before receiving formal notice of your eligibility for relocation assistance. If you move or are evicted before receiving such notice, you may not receive any assistance. Please contact us before you make any moving plans.

If the agency acquires the property and you are eligible for relocation assistance, you will be given advisory services, including referrals to replacement housing, and at least 90 days advance written notice of the date you will be required to move. You would also receive a payment for moving expenses and may be eligible for financial assistance to help you rent or buy a replacement house. This assistance is more fully explained in the enclosed brochure, Relocation Assistance to Tenants Displaced from Their Homes."

If for any reason any other persons move into this unit with you after this notice, your assistance may be reduced. If you have any questions, please contact (name) _____, (title) _____, at (phone) _____, (address) _____.

Again, this is not a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance. If the agency decides not to purchase the property, you will be notified in writing.

Sincerely,

(name and title) _____

Enclosure

GUIDEFORM NOTICE TO PROSPECTIVE TENANT
Grantee or Agency Letterhead

(date)

Dear _____:

On (date) _____, (Agency/property owner) _____ submitted an application to the Kansas Housing Resources Corporation for financial assistance to (acquire, rehabilitate, demolish and/or convert) the building located at (address) _____ . Because Federal funds are being used in this project, the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) of 1970, as amended (URA) applies for tenants in residence at the time of application. However, as a new tenant, you will not be eligible for relocation benefits under the URA.

This notice is to inform you of the following information **before you enter into any lease agreement and occupy a unit 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 benefits provided under the URA. If you have to 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 incurred by you 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 should have any questions about this notice, please contact (Agency/property owner) _____ at (address and telephone number) _____. Once you have read and have understood this notice, please sign the statement below if you still desire to lease the unit.

Sincerely,

(name and title) _____

GUIDEFORM GENERAL INFORMATION NOTICE
RESIDENTIAL TENANT THAT WILL NOT BE DISPLACED
Grantee or Agency Letterhead

(date)

Dear _____:

On _____, we notified you that the owner of your building had applied for assistance to acquire and make extensive repairs to the building. On _____, the owner's request was approved, and the repairs will begin soon.

This is a notice of nondisplacement. You will not be required to move permanently as a result of the rehabilitation. This notice guarantees you the following:

1. You will be able to lease and occupy your present apartment or another suitable, decent, safe and sanitary apartment in the same building/complex upon completion of the rehabilitation. Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the gross income of all adult members of your household. Of course, you must comply with the reasonable terms and conditions of your lease.
2. If you must move temporarily so that the repairs can be completed, you will be reimbursed for all of your extra expenses, including the cost of moving to and from the temporarily occupied unit and any additional housing costs. The temporary unit will be decent, safe and sanitary, and all other conditions of the temporary move will be reasonable.

Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge you not to move. (If you do elect to move for your own reasons, you will not receive any relocation assistance.) We will make every effort to accommodate your needs. Because Federal assistance is involved, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and should be retained. If you have any questions about our plans, please contact (name) _____, (title) _____, at (phone) _____. Remember, do not move before we have a chance to discuss your eligibility for assistance.

Sincerely,

(name and title) _____

GUIDEFORM NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE
RESIDENTIAL TENANT
Grantee or Agency Letterhead

(date)

Dear _____:

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

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

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

Counseling and Other Advisory Services.

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

Replacement Housing Payment. You may be eligible for a replacement housing payment to rent or buy a replacement home. The payment is based on several factors, including the cost of a "comparable replacement home," the monthly rent and average cost of utility services for your present home, and 30 percent of your average gross household income.

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

(Address, Rent, Utility Costs, and Name & Telephone of Contact Person)

1. _____
2. _____
3. _____

We would be pleased to provide you with transportation to inspect these dwelling units. We believe that the unit at (address)_____ is the most representative of your present home. The rent and the estimated average cost of utility services for that unit is \$_____. Based on the information you have provided about your income,

you may be eligible for a rental assistance payment up to \$_____ (42 x \$_____). This is the maximum amount that you would be eligible to receive. It would be paid in ____ (indicate number of installments or lump sum). If you rent a decent, safe and sanitary home where the monthly rent and average estimated utility costs are less than \$_____, your rental assistance payment would be based on the actual cost of such unit.

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

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

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

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

Sincerely,

(name and title) _____

Enclosure

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. 04/30/2005)

1. Agency	2. Project	3. Household	4. Select One Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	5. Case Number
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Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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				
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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prepared By	Date (mm/dd/yyyy)	Approved by	Date (mm/dd/yyyy)

Previous editions are obsolete.

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 (02/2002)
ref. Handbook 1378

Claim for Rental Assistance or Down Payment Assistance

See back of page 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

OMB Approval No. 2506-0016
(Exp. 04/30/2005)

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of families and individuals applying for rental or down payment assistance. The Agency will help you complete the 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.

1. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1a. Telephone Number(s)
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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. Computation of Payment: Complete Items 13 and 14 on the back of this form before completing this section. If you are filing for down payment assistance, check this box <input type="checkbox"/> and skip line (1).		To Be Completed By Claimant		For Agency Use Only
		(a)	(b)	(c)
(1) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (From line (8), Column (c), Item 13)		\$		\$
(2) Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (From line (8), Column (e) of Item 13) (To be provided by the Agency)				
(3) Lesser of line (1) or (2) (If claim is for down payment assistance, enter amount from line (2))			\$	
(4) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved From (From line (8), Column (a) of Item 13)				
(5) 30% of Average Gross Monthly Household Income (From line (4), Column (a) of Item 14)				
(6) Lesser of line (4) or (5)				
(7) Monthly Need (Subtract line (6) from line (3))				
(8) Amount of Payment Claim (Amount on line (7) multiplied by 42)			\$	\$
(9) Amount Previously Received (if any)				
(10) Amount Requested (Subtract line (9) from line (8))			\$	\$

6a. Certification of Eligibility for Relocation Payments and Services

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 benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature(s) on this claim form constitutes certification.**

The individual(s) listed below occupy/occupies the dwelling at _____

I, _____ as head of household, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.
 For unrelated individuals, each individual by affixing their signature below certifies that they are either a United States citizen or national, or an alien lawfully in the United States.

 (Signature and Date)

 (Signature and Date)

 (Signature and Date)

 (Signature and Date)

 (Signature and Date)

 (Signature and Date)

6b. **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.

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 (mm/dd/yyyy) of eligibility for relocation assistance	8. Date of referral (mm/dd/yyyy) o comparable replacement dwelling	9. Date (mm/dd/yyyy) replacement dwelling inspected and found decent, safe and sanitary
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10. Payment To Be Made In: Lump Sum (only for down payment assistance) Monthly Installments Other (specify in the Remarks Section)

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

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, 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., Section 8 Housing Assistance Payment (HAP)) has been provided, enter the applicable amount on line (7).

Item	Average Monthly Cost				
	Unit That You Moved From		Unit That You Moved To (Do not complete if claim is for Unit That You Moved From down payment assistance.)		Comparable Replacement Dwelling
	(a) Claimant	(b) For Agency Use Only	(c) Claimant	(d) For Agency Use Only	
(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)) (Enter these amounts on the appropriate lines in Item 5)	\$	\$	\$	\$	\$

14. Determination of Person's Financial Means

Household Income

Item	Household Income	
	Claimant (a)	For Agency Use Only (b)
(1) Annual Gross Income of Household. Include income from net family assets. Enter name of each household member with income. (See paragraph 7-21 of HUD Handbook 1378)	\$	\$
(2) Total Gross Annual Income (Sum of entries in line (1))		
(3) Gross Monthly Income (Divide line (2) by 12)		
(4) 30% of line (3) (Enter this amount on line (5) of Item 5)	\$	\$

Remarks

Remarks continued on a separate page? Yes No

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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

Claim for Moving and Related Expenses

Families and Individuals

See back of page 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

OMB Approval No. 2506-0016
(exp. 04/30/2005)

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 moving and related expenses. You may apply for either (1) a fixed allowance, or (2) an amount to cover the actual moving and related expenses incurred (as described on page 2 of this form). A claim for actual expenses must be supported by receipts or other evidence. The Agency will explain the differences between the two types of payments and 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.

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.)	How many rooms did you occupy?	Was it furnished with your own furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you move to this unit?
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. Computation of Payment (complete Item 6a or 6b) Item	6a. Fixed Allowance	6b. Actual Moving Expenses	For Agency Use Only
(1) Moving Cost		\$	\$
(2) Transportation Cost—Families and Individuals			
(3) Cost of Insurance Covering Move and/or Storage			
(4) Storage Cost (Complete Item 10 on page 2)			
(5) Other (Explain in Remarks Section)			
(6) Total Amount of Claim (Consult Agency for amount of fixed allowance)	\$	\$	\$
(7) Amount Previously Received, if any			
(8) Amount Requested (Subtract line (7) from line (6))	\$	\$	\$

7a. Certification of Eligibility for Relocation Payments and Services

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 benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature(s) on this claim form constitutes certification.**

The individual(s) listed below occupy/occupies the dwelling at _____

I, _____ as head of household, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.
 For unrelated individuals, each individual by affixing their signature below certifies that they are either a United States citizen or national, or an alien lawfully in the United States.

(Signature and Date)	(Signature and Date)	(Signature and Date)
(Signature and Date)	(Signature and Date)	(Signature and Date)

Previous editions are obsolete.

7b. **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 (8) of Item 6 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)
8. Recommended	\$			
9. Approved	\$			

10. Supporting Data For Storage Cost (Describe property stored in Remarks Section or attach list.)

Is this a Final Claim for Storage? Yes No

Date moved to Storage (mm/dd/yyyy) Date moved from Storage (mm/dd/yyyy)

Computation of Storage Costs

Name & Address of Storage Company	Item	Amount	For Agency Use Only
	Monthly Rate for Storage	\$	\$
	Number of Months in Storage		
	Total Storage Costs (enter on line (4) of Item 6b)	\$	\$
Should Payment be made directly to Storage Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Previously Received (Include this Amount in line (7) of Item 6b)	\$	\$

Remarks (Attach additional sheets, if necessary)

Additional sheets attached? Yes No

Moving and Related Expenses Which Are Paid For

- | | |
|---|---|
| 1. Transportation of individuals, families and personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified. | 4. Storage of the personal property, as determined necessary by the Agency. |
| 2. Packing, crating, uncrating and unpacking of personal property. | 5. Insurance of the personal property in connection with the move and necessary storage. |
| 3. Necessary charges for the removal and hookup of appliances, equipment and other items, not acquired as real property. | 6. The replacement value of property lost, stolen or damaged in the move where insurance is not reasonably available. |

Moving and Related Expenses Which Are Not Paid For

- | | |
|---|--|
| 1. Cost of moving any building or other real property in which the displaced person reserved ownership. | 4. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency. |
| 2. Interest on a loan to cover moving expenses. | 5. Expenses for searching for a replacement dwelling. |
| 3. Personal injury. | |

Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

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

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. 04/30/2005)

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Public Reporting Burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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. Telephone Number(s)
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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. 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 <input type="checkbox"/> and skip line (1).	To Be Completed By Claimant	For Agency Use Only
(1) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (from Item 13, line (8), column (a))	\$	\$
(2) Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (from Item 13, line (8), column (c)) (To be provided by the 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 60; Agency will determine purchase assistance amount)		
(7) Cost of Security Deposit		
(8) Cost of Credit Check		
(9) Amount of Claim (Add lines (6), (7) and (8))	\$	\$
(10) Amount Previously Received, if any		
(11) Amount Requested (Subtract line (10) from line (9))	\$	\$

6b. **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.

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 (mm/dd/yyyy) of eligibility for relocation assistance	8. Date of referral (mm/dd/yyyy) o comparable replacement dwelling	9. Date (mm/dd/yyyy) replacement dwelling inspected and found decent, safe and sanitary
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10. Payment To Be Made In: Lump Sum (only for down payment assistance) Monthly Installments Other (specify in the Remarks Section)

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

Previous editions are obsolete.

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, 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., Section 8 Housing Assistance Payment (HAP)) has been provided, enter the applicable amount on line (7).

Item	Average Monthly Cost		
	Unit That You Moved To (Do not complete if claim is for purchase assistance.)		Comparable Replacement Dwelling
	(a) Claimant	(d) For Agency Use Only	(e) 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 para. 7-20 of HUD Handbook 1378) If PHA computes Total Tenant Payment, this section need not be completed.

Item	Household Income		
	Claimant (a)	For Agency Use Only (b)	
(1) Annual Gross Income of Household. Include income from net family assets. Enter name of each household member with income. (See paragraph 7-21 of HUD Handbook 1378)	\$	\$	
(2) Total Gross Annual Income (Sum of entries in line (1))			
(3) Adjustments to income (see paragraph 7-22 of HUD Handbook 1378)			
(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).

Site Occupant Record

A. Occupant Information

Name of Head of Household:		Check: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Address:		Check: <input type="checkbox"/> Individual <input type="checkbox"/> Family
Telephone Number		If Family, No. in Household:
Date 1 st Occupied Address:		Special Characteristics:
Date of URA Protection (ION):		<input type="checkbox"/> Elderly <input type="checkbox"/> Disabilities
		<input type="checkbox"/>

Racial/Ethnic Classification		Housing Cost and Characteristics of Current Dwelling		
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tenant		No. of Rooms
Check one:		Monthly Contract Rent:		No. of Bedrooms
White <input type="checkbox"/>		Average Monthly Utilities:		
Black/African American <input type="checkbox"/>		Monthly Housing Cost:		
Asian <input type="checkbox"/>				
American Indian/Alaska Native <input type="checkbox"/>		Owner		
Native Hawaiian/Other Pacific Islander <input type="checkbox"/>		Monthly Mortgage P&I:		
American Indian/Alaska Native & White <input type="checkbox"/>		Real Property Taxes:		
Asian & White <input type="checkbox"/>		Average Monthly Utilities:		
Black/African American & White <input type="checkbox"/>		Monthly Housing Cost:		
Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/>				
Other Multi Racial <input type="checkbox"/>				

B. Household Income

Names of all Members	Relationship	Age	Occupation	Source of Income				Gross Monthly Income	Employer
				Emp.	Welf.	Pens.	Other (Identify)		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
								Gross Monthly Income:	
								Less Adjustments:	
								Multiple by 30%:	
								Maximum Housing Cost:	

C. Relocation/Non-Displacement Notices

Date General Information Notice Provided:		(Attach copies of all notices)
Date Non-Displacement Notice Provided:		If applicable, continue with Section D.
Date Notice of Displacement/URA Eligibility Provided:		If applicable, continue with Sections E - G.

D. Non-Displaced Tenants

Post Acq/Rehab Address*:		Temporary Housing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Contract Rent:		Date:	
Average Monthly Utilities:		Reason:	
Monthly Housing Cost:		Address:	
Out-of-Pocket Expenses Paid		Rental \$:	
Moving Expenses:		Out-of-Pocket Expenses Paid	
*If tenant was required to move to another unit within the complex, they are not displaced, but are eligible for out of pocket moving expenses.		Moving Expenses:	
		Increase Housing Cost:	
		Date of Move to Permanent Dwelling:	

E. Displaced Household Needs		
Replacement Preference:	<input type="checkbox"/> Rent <input type="checkbox"/> Purchase <input type="checkbox"/> Subsidized <input type="checkbox"/> None	Replacement Housing Requirements
Location/Neighborhood Considerations:		No. of Rooms:
		No. of Bedrooms:
		Max Monthly Housing Cost:
		Max Purchase Price:

F. Housing Referrals												
Date	Address Include Apt No.	Census Tract	Type			Size		Monthly Rent and Utilities or Sale Price	Unit Inspected	Date Unit Available	Low-Income or Minority Area	Action on Referral (If refused, indicate why. Also indicate whether unit is representative comparable used for basis of payment)
			Rent	Purchase	Subsidized	No. of Rooms	No. of Bdrms					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

G. Replacement Dwelling Unit									
Date of 90-day Move Notice:			Date of Move:						
Address:					Census Tract:				
Unit in an Area of Minority Concentration?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Subsidized?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monthly Housing Cost									
Tenant			Owner			No. of Rooms:			
Monthly Contract Rent:			Monthly Mortgage P&I:			No. of Bedrooms:			
Average Monthly Utilities:			Real Property Taxes:			Date of Inspection:			
Monthly Housing Cost:			Average Monthly Utilities:			Date of Reinspection:			
			Monthly Housing Cost:			Inspection:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Relocation Payment(s)				Temporary Housing <input type="checkbox"/> Yes <input type="checkbox"/> No				Appeal Filed	
Amount: \$		Moving <input type="checkbox"/> Fixed <input type="checkbox"/> Actual		Repl. Housing <input type="checkbox"/> Rental <input type="checkbox"/> Downpymt <input type="checkbox"/> 180-Day H.O.		Date:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Reason:		If Yes, Type:	
						Address:		<input type="checkbox"/> Payment	
						Rental \$:		<input type="checkbox"/> Housing	
				Out-of-Pocket Expenses Paid				<input type="checkbox"/> Other	
Date Claim Filed:				Moving Expenses:					
Date Claim Paid:				Increase Housing Cost:					
				Date of Move to Permanent Dwelling:					

I, the undersigned, certify under penalty of perjury that all information provided for the purpose of completing this form is true and complete to the best of my knowledge and belief. I understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

Signature

Date

Name Printed

Title