INSERT DATE

INSERT DISPLACEE NAME

INSERT DISPLACEE ADDRESS

# Relocation Assistance Program

# Notice of Relocation Eligibility, Entitlements, & 90-Day Assurance

Project Title: INSERT PROJECT TITLE

Parcel No.: INSERT PARCEL NO.

Displacee No.: INSERT DISPLACEE NO.

Dear INSERT DISPLACEE NAME:

On INSERT OFFER DATE the INSERT AGENCY NAME (Agency) offered to purchase the property you occupy located at INSERT ADDRESS. According to information you provided, you have occupied the above property since INSERT OCCUPIED DATE.

**Relocation Notice of Eligibility**

You are eligible to receive relocation assistance in accordance with the United States Code, 42 USC 4601 et seq., Public Law 91-646, and the implementing regulations found in the Code of Federal Regulations, 49 CFR Part 24, the Revised Code of Washington, RCW 8.26, and the implementing regulations of the Washington Administrative Code, WAC 468-100.

The purpose of this letter is to advise you of the relocation services and entitlements that may be available to you in accordance with the state and federal laws and regulations cited above.

**90-Day Assurance**

You are not required to relocate immediately. You will not be required to vacate the property before INSERT ASSURANCE DATE, which is at least 90 days from the date you receive this letter.

**Rent Supplement Entitlement**

As a tenant occupant of 90 or more days, you may be entitled to a Rent Supplement Payment. This payment is based upon the difference between the rent plus utility costs at your present property and the rent plus utilities at a comparable replacement rental property currently available for rent on the market. The estimated cost of utilities is calculated using the local Housing Authority Utility Allowance Sheet published by U.S. Department of Housing and Urban Development.

Your current property does not meet the Agency’s Decent, Safe, and Sanitary (DSS) housing standards. In these cases state and federal regulations allow an agency to find smaller DSS replacement homes.

Listed below are property(s) currently available for rent:

**Address Rent Utilities Total**

1.  $ $ $

2.  $ $ $

3.  $ $ $

(LANGUAGE FOR LOW-INCOME ELIGIBILITY)

The most comparable property to the subject was determined to be comparable number INSERT SELECTED COMP NUMBER. Based on 30% of your gross income your maximum rent supplement is calculated as follows:

Rent plus utility costs at comparable property $

Less 30% of your gross income $

Monthly rent and utility difference $

$**INSERT DOLLAR AMOUNT** Rent difference X 42 months = $**INSERT DOLLAR AMOUNT** Your Maximum Rent Supplement

The amount of your **actual** rent supplement will be based upon the rent plus utilities of your replacement property. For instance, if the rent plus utilities is $INSERT DOLLAR AMOUNT or more per month for your replacement property, you will receive the maximum rent supplement of $INSERT DOLLAR AMOUNT. For every dollar you spend on your replacement rent plus utilities below $INSERT RENT OF SELECTED COMP, your total rent supplement will be reduced by $42 dollars ($1 per month X 42 months).

OR

(LANGUAGE FOR NON-LOW INCOME ELIGIBILITY)

The most comparable property to the subject was determined to be comparable number INSERT SELECTED COMP NUMBER. Based on the rent plus utilities of property INSERT SELECTED COMP NUMBER located at INSERT COMP ADDRESS your maximum rent supplement is calculated as follows:

Rent plus utility costs at selected property $

Less rent plus utilities at present property $

Monthly rent and utility difference $

$INSERT RENT DIFFERENCE Rent difference X 42 months = **$INSERT DOLLAR AMOUNT Your Maximum Rent Supplement**

The amount of your **actual** rent supplement will be based upon the rent and utilities of your replacement property. For instance, if the rent plus utilities is $INSERT RENT PLUS UTILITIES OF SELECTED COMP or more per month for your replacement property, you will receive the maximum rent supplement of $INSERT MAX RENT SUPPLEMENT. For every dollar you spend on your replacement rent plus utilities below $INSERT RENT OF SELECTED COMP, your total rent supplement will be reduced by $42 dollars ($1 per month X 42 months).

**Down Payment Assistance**

Should you decide to purchase a replacement property rather than rent, you may qualify for down payment assistance. The amount of this assistance will be either $7,200, or the total amount of your calculated rent supplement, whichever is greater. **However, the entire amount of the down payment must be paid towards the purchase price as a principal reduction and eligible closing costs, not including prepaid taxes, interest or insurance.** The purchase of your replacement property will be subject to a DSS inspection by the Agency.

## Moving Entitlement

You may select a commercial move, an actual cost move, or a self-move schedule payment for moving your personal property. If you elect to contract with a commercial mover, the Agency will reimburse your actual moving expenses based on paid receipts. The Agency can also pay your mover directly upon request. Payment for a commercial move is limited up to a maximum of 50 miles. If you elect to complete an actual cost move you will be reimbursed for labor and equipment used to move your property. You will need to supply supporting documentation, such as paid receipts or invoices to your relocation specialist. If you elect to complete a self-move with a schedule payment, you will be paid based on the number of eligible rooms. It has been determined that you have INSERT NUMBER OF ROOMS eligible rooms, which entitles you to a moving payment of $INSERT SCHEDULE DOLLAR AMOUNT to move your own personal property. Once you decide how you wish to move, you will need to sign a Move Expense Agreement.

**Advisory Assistance**

You relocation specialist will be available to answer any questions about your relocation entitlements. You will be provided with assistance in completing claim forms. If you request, transportation will be provided so you may inspect replacement housing. Information concerning other available government programs such as Section 8 housing, unemployment benefits, food stamps, etc. will be provided on request.

**Claiming Your Entitlement**

You must notify your relocation specialist of the date you intend to move and sign a Move Expense Agreement. Once you have vacated the property completely you will need to schedule a vacate inspection with your relocation specialist. Once it has been verified that all personal property has been moved, your relocation specialist will prepare a claim, secure the appropriate signatures, and submit the claim for processing and payment. In the event that all personal property is not removed, appropriate action will be taken by the Agency and you will be responsible for the cost associated with removing any personal property left at the displacement site. This cost will be deducted from your moving claim/payment.

Prior to processing claims for relocation entitlements, the Internal Revenue Service (IRS) requires the Agency to obtain your correct taxpayer identification number (TIN) or social security number (SSN). The Agency is required by the IRS to obtain a completed W-9 form from anyone to whom a payment is made. This is necessary even though relocation payments are considered non-taxable. Please let your relocation specialist know if you have already completed the form. If you need advice on how to complete the form, please contact an IRS office, accountant, or legal consultant.

In order to be entitled to your replacement housing payment you must purchase (or rent) **and** occupy a DSS property within one year from the later of:

(1) The date the Agency makes final payment for the acquisition of your property, (2) The date the full amount of Just Compensation is deposited in the court, or (3) The date you move from your present property. You have 18 months after that same date to claim any relocation entitlement.

Prior to signing a rental or purchase agreement for your replacement property, please contact your relocation specialist for an inspection of the property. This inspection will ensure that the property meets DSS requirements outlined in the Relocation Assistance Program Brochure previously provided to you. The inspection must be completed before any replacement housing payment can be made.

**Occupancy of Property**

**(**CHOOSE APPROPRIATE PARAGRAPH AND DELETE THE ONE THAT DOES NOT APPLY)

Occupancy of the property beyond the date that the Agency takes possession of the property will require you to sign a lease. Attached to this letter is the lease you will be required to sign.

**(**OR**)**

Occupancy of the property beyond the date that the Agency takes possession of the property will require you to sign a lease and pay economic rent in the amount of $INSERT ECONOMIC RENT on a monthly basis. Attached to this letter is the lease you will be required to sign.

**Right to Appeal**

INSERT AGENCY APPEAL PROCESS

As previously stated, the purpose of this letter is to provide specific information on the calculation and claiming of your relocation entitlements. Please sign on the line provided below to acknowledge receipt of this letter. Please feel free to contact your relocation specialist with any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

INSERT AGENCY NAME

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE NO. AND FAX NO.

INSERT SPECIALIST'S EMAIL ADDRESS

Enclosure (Draft Lease)

**Acknowledgment of receipt of Notice of Eligibility letter**

Signature: Date: