INSERT DATE

INSERT DISPLACEE NAME

INSERT DISPLACEE ADDRESS

**Relocation Assistance Program**

**Notice of Final Date to Claim Relocation Entitlements**

Project Title: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL NO.

Displacee No.: INSERT DISPLACEE NO.

Dear INSERT DISPLACEE NAME:

On INSERT DATE, INSERT AGENCY NAME (Agency) provided you with a notice of your maximum replacement housing payment. According to our records, you vacated the site located at INSERT ADDRESS on INSERT DATE. **To avoid loss of your relocation entitlements you must** **occupy a qualifying replacement site that meets the Agency standards for Decent, Safe and Sanitary (DSS) housing by 11:59 pm on** **INSERT DATE. Your deadline to make a claim for your entitlements is** **INSERT MONTH/YEAR**. Failure to meet either of these requirements will result in a loss of your remaining entitlements.

Please contact me for specific details, clarification or 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