INSERT DATE

INSERT NAME

INSERT ADDRESS

# Relocation Assistance Program

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

Project Name: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL #

Displacee No.: INSERT DISPLACEE #

Dear INSERT NAME:

On INSERT OFFER DATE the Washington State Department of Transportation (WSDOT) offered to purchase the property you occupy located at INSERT ADDRESS. According to our information, 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, the implementing regulations found in 49 Code of Federal Regulations, 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 assistance and entitlements that may be available to you in accordance with the federal and state 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. You will be given another notice at least 30 days in advance of the specific date that the property needs to be vacated.

**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 combined rent plus utility costs at your present property and the combined 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 WSDOT Decent, Safe, and Sanitary (DSS) housing standards. In these cases federal and state regulations allow WSDOT 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 combined 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 DOLLAR AMOUNT, your total rent supplement will be $42 less ($1 per month times 42 months).

OR

(LANGUAGE FOR NON-LOW INCOME ELIGIBILITY)

The comparable property to the subject was determined to be comparable number INSERT SELECTED COMP NUMBER. Based on the rent plus utilities of comparable number 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 $42 dollars less ($1 per month times 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 WSDOT.

## 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 WSDOT will reimburse your actual moving expenses based on paid receipts or invoices. WSDOT can 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 me. If you elect to complete a self-move with a scheduled payment, you will be paid based on the number of eligible rooms. I have 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**

I 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 me of the date you intend to move and sign a Move Expense Agreement. It is important that WSDOT has the opportunity to make reasonable and timely inspections of your personal property at both the displacement and replacement sites and to monitor the move. Once you have vacated the property completely you will need to schedule a vacate inspection with me. Once I have verified that all personal property has been removed, I will prepare a claim, secure 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 WSDOT and you will be responsible for the cost associated with removing any personal property left on the property. This cost will be deducted from your moving claim/payment.

Prior to processing claims for relocation entitlements, the Internal Revenue Service (IRS) requires WSDOT to obtain your correct taxpayer identification number (TIN) or social security number (SSN). In addition to the IRS requirement, the Washington State Office of Financial Management (OFM) requires that all state agencies use a statewide vendor number for all payments. You will be required to complete the Statewide Payee Registration form. This is necessary even though relocation payments are considered non-taxable. It is recommended that the form is completed prior to the submittal of any relocation claims in order to expedite the payment process once claims are submitted. If you need advice on how to complete these forms, please contact an IRS office, accountant, or legal consultant.

In order to be entitled to your replacement housing payment, you must rent (or purchase) and occupy a DSS replacement property within one year after the date you move from the property. You have 18 months after that vacate date within which to actually claim your relocation entitlement.

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

**Occupancy of Property**

Occupancy of the property beyond the date that WSDOT takes possession of the property will require you to sign a lease.

**Reconsideration of a WSDOT Decision and Right to Appeal**

If you disagree with a determination made by me or another WSDOT Relocation Specialist regarding your eligibility for, or the amount of your relocation entitlement, you may seek an informal reconsideration of such determination by sending a letter explaining your grievance within 30 days after receipt of such determination to:

Washington State Department of Transportation

Acquisition Program Manager

Real Estate Services

PO Box 47338

Olympia, WA 98504-7338

You also have the right to appeal a determination WSDOT should make as to your eligibility for or the amount of any payment without going through the informal reconsideration process. The appeal procedure is explained in the Relocation Assistance Program Brochure as well as the General Notice Letter previously given to you.

(INCLUDE ENCLOSED LIST IF APPLICABLE)

Enclosed please find the following:

* Statewide Vendor Number Registration Form

Note: Any other items enclosed need to be added to this list

As previously stated, the purpose of this letter is to provide specific information as to how your entitlements are calculated and how you may claim them. Please sign the receipt below so our records show you received this letter. Feel free to contact me for any clarification and any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

Real Estate Services

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE NUMBER & FAX NUMBER

INSERT SPECIALIST'S E-MAIL ADDRESS

Acknowledgment of Receipt of Letter

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_