

RELOCATION GENERAL INFORMATION NOTICE (GIN)

Subrecipient or Agency issuing this notice should use their own Letterhead

(date)

Dear (name of tenant) :

(City, County, State, Public Housing Authority (PHA), other) submitted an application on (date) to (acquire, rehabilitate, demolish) the property you currently occupy at (address). (Subrecipient) may receive federal funding assistance from the Texas General Land Office (GLO) under the Community Development Block Grant (CDBG) for the project.

We want you to know that this project may displace you temporarily or permanently. We advise you not to move out at this time. If you decide to move, before receiving a move-out notice and instructions from us, we will not provide relocation assistance to you.

Your rights as a displaced person derive from federal law, the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). If some activity of the proposed HUD-funded project displaces you the URA may make you eligible to receive relocation assistance.

To maintain your eligibility, you must continue to pay your usual rent and otherwise comply with the standard lease terms and conditions. **Eviction or voluntary move-out prior to receiving a formal notice of relocation eligibility will make you ineligible to receive relocation assistance.** If (subrecipient) obtains federal funds to rehabilitate this property, you may resume your lease and return to your present apartment (or another suitable, decent, safe and sanitary apartment in the same project) upon completion of construction. If your income makes you ineligible to return to the completed project, under the new federal funding restrictions, we will move you to a comparable unit that meets your household needs and that complies with decent, safe and sanitary standards.

Eligible Relocation Assistance and Costs covered by us for you include:

- 1) Relocation advisory services: assistance with completing forms, explain relocation rights, locate comparable replacement dwelling units, provide guidance throughout entire process.
- 2) Written notice at least 90 days before the date when you must move;
- 3) Payment for your moving expenses; and
- 4) Replacement housing rental payment assistance, or down-payment assistance to purchase, a comparable replacement home. Not all households qualify for this.

We cannot require you to move unless we make at least one comparable replacement dwelling available to you. URA gives you the right to appeal the agency's determination if you believe that we did not properly evaluate your application for assistance.

(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 and extremely unusual hardship to a qualifying spouse, parent, or child. All persons seeking URA 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. Public Law 105-117, does not apply to benefits under Section 104(d).

Caution:

Please remember, you must contact us before making any moving plans. We want to help you obtain all relocation benefits you qualify for. Additionally, we will make reasonable accommodations for persons with disabilities and provide language assistance for persons with limited English proficiency. Please let us know if you need auxiliary aides, written translation, oral interpretation, or other assistance in order to fully participate in the relocation process.

This notice does not establish your eligibility for relocation payments or assistance at this time. If we determine that the project will displace you and require you to vacate the premises, we will inform you in writing. If the proposed project does not proceed, or if we determine that the project will not displace you, we will notify you of that in writing.

Again, please do not move out before you receive definite guidance from us about your eligibility or ineligibility for relocation benefits. We will do everything we can to respect your rights under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

Please retain this letter for your records. We will contact you soon about relocation eligibility. If you have any questions about this notice or the proposed project, please contact our representative:

(name) _____, (title) _____

(address) _____, (phone) _____

Sincerely,

(name and title) _____

Tenant's Affidavit

Notice Received by (print tenant's name): _____

Signature of Tenant

Date Signed

Property Address

Unit Number

NOTES TO THE PREPARER OF THE NOTICE:

1. The case file must indicate when and the manner in which this notice was delivered (e.g., personally served [signed and dated by tenant] or certified mail, return receipt requested).
2. This guide merely suggests the form. The preparer should revise the text to reflect circumstances specific to the project (e.g. URA or 104(d) rules, temporary or permanent displacement, economic dislocation, etc.).
3. Per Title VI of the Civil Rights Act of 1964, reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency must be made. HUD guidance is available at 72 FR 2732 to assist agencies in complying with this requirement. While the text provided regarding language assistance is not required and is provided for illustrative purposes only, providing appropriate translation and counseling for persons who are unable to read and understand required notices is mandatory. See 49 CFR 24.5.

Suggested alternative or additional text for certain programs:

1. **HOME FUNDED PROJECTS:** You may sign a new lease for at least one year. Your monthly rent may remain the same. Any increase in your monthly rent plus estimated average utility costs will not exceed: 1) For low-income households, the “total tenant payment” as defined by HUD (*under 24 CFR 5.628*); or (2) 30% of monthly gross household income, for households not considered low-income (according to HUD standards).
2. **NSP FUNDED PROJECTS:** Your monthly rent may remain the same. If it increases, your rent plus estimated average utility costs will not exceed 30% of your household’s average monthly gross income.
3. **DEMOLITION AND CONVERSION PROJECTS:** In projects that use Community Development Block Grant funds (CDBG), Neighborhood Stabilization Program (NSP) or HOME Investment Partnership Program (HOME) funds, you might qualify for select relocation assistance and payments under section 104(d) of the Housing and Community Development Act of 1974 as an alternative to that available under the URA.
4. **DISPLACED RESIDENTS OF PUBLIC HOUSING:**
 - a. Public Housing Authority residents may qualify for both displacement benefits and returning relocation benefits. Even after receiving URA assistance for a permanent move, the Authority offers every displaced resident the right to reapply for occupancy in the completed project. We will contact every displaced resident, after project completion, and invite them to reapply for occupancy in the newly-revitalized community. Displaced former occupants will receive preference to return.
 - b. If households requesting and qualifying to return exceeds the units available, ranking criteria will identify applicants offered a rehabilitated unit until no longer available. The Authority may help defray the costs of the return move. You may have to forfeit Replacement Housing Payments not yet spent or obligated, as a condition for returning to public housing. At such time, you should no longer need this assistance to meet your housing needs. Such assistance, if not forfeited, counts as income and affects eligibility and rent.

GUIDEFORM NOTICE OF ELIGIBILITY FOR
URA RELOCATION ASSISTANCE
RESIDENTIAL TENANT

Grantee or Agency Letterhead

(date)

Dear _____:

On _____ (date), the _____ (City, County, State, Public Housing Authority (PHA), other), notified you of proposed plans to _____ (acquire, rehabilitate, or demolish) _____ the property you currently occupy at _____ (address) _____ for a project which could receive funding assistance from the Texas General Land Office (GLO) under the Community Development Block Grant (CDBG) 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 Tenants Displaced From Their Homes." 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 to rent or buy a replacement home. The payment is based on several factors including: (1) the monthly rent and cost of utility services for a comparable replacement dwelling, (2) the monthly rent and cost of utility services for your present home, and (3) for low-income persons, 30 percent of your average monthly gross household income. This payment is calculated on the difference in the old and new housing costs for a one-month period and multiplied by 42.

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.

	Address	Rent & Utility Costs	Contact Info
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

We believe that the dwelling located at (address) is the most representative of your present home. The monthly rent and the estimated average monthly cost of utilities for this dwelling is \$_____ 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.

Based on the information you have provided about your income and the rent and utilities you now pay, you may be eligible for a maximum replacement housing payment of approximately \$_____ (42 x \$_____), if you rent the dwelling identified above as the most comparable to your current home or rent another dwelling of equal cost.

Replacement housing payments are not adjusted to reflect future rent increases or changes in income. This is the maximum amount that you would be eligible to receive. If you rent a decent, safe and sanitary home where the monthly rent and average estimated utility costs are less than the comparable dwelling, your replacement housing payment will be based on the actual cost of the dwelling. We will not base your payment on any dwelling that is not a comparable replacement home. All replacement housing payments must be paid in installments. Your payment will be paid in # installments.

Should you choose to purchase (rather than rent) a decent, safe and sanitary replacement home, you would be eligible for a downpayment assistance payment which is equal to your maximum replacement housing payment, \$_____*. Let us know if you are interested in purchasing a replacement home and we will help you locate such housing.

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 & title)

Enclosure/s

NOTES.

- * At the agency's discretion, a downpayment assistance payment that is less than \$5,250 may be increased to any amount not to exceed \$5,250. (See 49 CFR 24.402(c)(1))
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.
 3. Optional paragraphs for displaced residents of public housing projects (may be modified based on the PHA's resident return policy):

“Even though you will be provided all of the assistance the URA requires for a permanent move, the Authority believes that every resident displaced from the site should have the right to reapply for occupancy once this project is complete. For this reason, after project completion, every resident who receives assistance as a “displaced person” will be contacted and offered an opportunity to reapply for occupancy in the newly-revitalized community. Furthermore, because you will be a former occupant who was “displaced” from the site, you will also receive a priority preference to return.

In the event the number of those who request to return and qualify for housing exceeds the number of units available, rating and ranking criteria will be used to identify those who will be offered a unit at the site until all available units are filled. If you do return, the Authority may help defray the costs of the return move. If you have Replacement Housing Payments not yet spent or obligated, you may be asked to forfeit these payments as a condition for returning to public housing, since this assistance will no longer be necessary to meet your housing needs. Such assistance, if not forfeited, must be considered as income and may affect your eligibility and rent.”

90 DAY NOTICE TO MOVE

Grantee or Agency issuing this notice should use their own Letterhead.
Modify highlighted parts to fit the situation.

(date)

RE: Notice to move in 90 days, by [required move date]

Dear [name of tenant]:

On (date), the (City, County, State, Public Housing Authority (PHA), other), notified you of proposed plans to rehabilitate the property you currently occupy at (address) for a project which could receive funding assistance from the Texas Department of Housing and Community Affairs (TDHCA) under the HOME Investment Partnership (HOME); Neighborhood Stabilization Program (NSP); Emergency Solutions Grants (ESG); or Community Development Block Grant (CDBG) program. TDHCA approved the project and federal funding for it.

We determined that the project will displace you. Use of federal funds for this project makes you eligible for relocation assistance and payments under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).

You must vacate your dwelling unit by [move deadline date]. We identified comparable units for you and listed those addresses below. We cannot require you to move to one of these. However, if you choose a different unit, we still must verify that it meets decent, safe, sanitary, and comparable standards, in order for you to receive replacement housing assistance.

Comparable Replacement Dwelling Recommendations

Please ask your relocation coordinator to arrange transportation, if necessary, for you to inspect these or other replacement dwellings.

List No.	Address	Rent & Utility Costs	Contact Info

Of these, we believe that the dwelling located at (address) best represents the features of your present home. Monthly rent, plus estimated average monthly cost of utilities, for this dwelling equals \$ [redacted]. We will use this amount to calculate your maximum replacement housing payment. Please contact us immediately if you believe this dwelling does not compare reasonably to your current home. We can explain our basis for selecting this dwelling as most representative of your current home and discuss your concerns.

Estimated replacement housing payment: \$ [redacted]

You may qualify for a maximum replacement housing payment of approximately \$ [redacted] (42 months x \$ [redacted]) or (60 months x \$ [redacted]). Your eligibility depends on (1) the information you provided about your income; (2) rent and utilities you now pay; (3) if Section 104(d) applies, (4) if you rent the dwelling identified above as the most comparable to your current home or rent another dwelling of equal cost.

Replacement housing payments do not adjust to reflect future rent increases or changes to income. The above calculation represents your maximum possible assistance. If your new home's actual monthly rent and utilities cost less than the comparable dwelling, your replacement housing assistance will reflect that actual lower cost. We can only base replacement payments on a dwelling that meets federal standards to qualify as

a comparable replacement home. We issue replacement housing payments in installments. You will receive [#] installments.

The Ownership Alternative

Should you choose to purchase (rather than rent) a decent, safe and sanitary replacement home, you may qualify for down-payment assistance equal to your maximum replacement housing payment, \$ [redacted]*. Section 104(d) assistance for down-payment only allows recipients to purchase an interest in a housing cooperative or mutual housing association. If Section 104(d) applies, we estimate your assistance at \$ [redacted]. Let us know if you might wish to purchase a replacement home and we will help you locate such housing. Please note that we must inspect all replacement housing, in order to ensure that it meets decent, safe and sanitary standards, before we can issue any replacement housing payments.

If you disagree with your designation as a displaced person, the estimated amount of relocation assistance, or the comparability of the representative replacement dwelling you may file an administrative appeal to TDHCA. We will provide contact information for the appeal to TDHCA. For low-income persons and those unable to prepare a written appeal, or who require assistance in preparing an appeal, we shall provide such assistance and/or refer you to an appropriate third party who will provide such assistance at no cost to you.

In order to help you protect your rights and benefits in the relocation process, we will reasonably accommodate persons with disabilities and provide language assistance for persons with limited English proficiency. Please tell our representative if you need auxiliary aides, written translation, oral interpretation, or other assistance in order to fully participate in the relocation process.

If you have any questions about this letter or your eligibility for relocation assistance and payments, please contact relocation coordinator, [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 the law may entitle you.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance under the Uniform Relocation Action, 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. Persons eligible for assistance under Section 104(d) are not required to certify their lawful presence in the United States as a condition of assistance under 104(d).)

If you have any questions about this letter or your eligibility for relocation assistance and payments, please contact relocation counselor, [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 the law may entitle you.

Sincerely,

[redacted]

(Name and title)

Tenant Affidavit: I acknowledge and understand the contents of this letter.

Signature of Tenant

Unit Number

Date Signed

Site Occupant Record - Residential

LOCALITY/AGENCY _____

Date of Initial Interview: _____ Interviewer: _____

Project Name: _____
 Project #: _____
 Relocation Case #: _____
 Acquisition Parcel #: _____

NAME OF OCCUPANT _____
 ADDRESS _____
 TELEPHONE NUMBER _____ CENSUS TRACT _____

CHECK: FAMILY INDIVIDUAL
 OWNER TENANT

IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? YES NO

DATE OF GENERAL INFORMATION NOTICE _____
 EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____
 DATE PRIVACY ACT STATEMENT EXECUTED _____
 (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)

DATE OCCUPANT FIRST OCCUPIED THIS DWELLING _____

RACIAL/ETHNIC CLASSIFICATION

- (CHECK ALL THAT APPLY)
- AMERICAN INDIAN OR ALASKAN NATIVE
 - ASIAN
 - BLACK OR AFRICAN AMERICAN
 - HISPANIC OR LATINO
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 - WHITE
 - AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
 - ASIAN AND WHITE
 - BLACK OR AFRICAN AMERICAN AND WHITE
 - AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN
 - OTHER MULTI-RACIAL

HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING

TENANT:
 MONTHLY CONTRACT RENT \$ _____
 AVERAGE MONTHLY UTILITY COSTS \$ _____
 MONTHLY HOUSING COSTS \$ _____

OWNER:
 MONTHLY MORTGAGE PAYMENT (P&I) \$ _____
 AVERAGE MONTHLY UTILITY COSTS \$ _____
 REAL PROPERTY TAXES \$ _____
 MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS _____ NO. OF BEDROOMS _____
 UNIT IS: HOUSEKEEPING NONHOUSEKEEPING

SURNAME, GIVEN NAME(S)/SSN(S)	RELA- TION- SHIP	SEX	AGE	OCCUPATION	SOURCE OF INCOME			GROSS MONTHLY INCOME	NAME OF EMPLOYER AND TELEPHONE NUMBER
					EMP.	WELF.	PENS.		
								\$	
					TOTAL GROSS MONTHLY INCOME: \$				

SPECIAL CHARACTERISTICS OF HOUSEHOLD (E.G., DISABLED, ELDERLY, ETC.)	REHOUSING PREFERENCES: <input type="checkbox"/> PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> SUBSIDIZED HOUSING <input type="checkbox"/> NONE LOCATION/NEIGHBORHOOD CONSIDERATIONS: _____ _____ PETS, GARAGE, ETC.: _____	REHOUSING REQUIREMENTS: NO. OF ROOMS _____ NO. OF BEDROOMS _____ MAX. MONTHLY HOUSING COSTS \$ _____ MAX. PURCHASE PRICE \$ _____
--	--	--

HOUSING REFERRALS

Date	Address (Include Apt No.)	Census Track	Type of Unit		Size of Unit		Mo Rent + Est Avg Mo Utility Costs/Sales Price	Unit Avail Date	Low Income Or Minority Area?	Action on Referral (If refused, indicate why. Also indicate whether unit is representative comparable used as basis for pmt limit.)
			Rent	Sales	Subsidized	# of Rms				

REPLACEMENT DWELLING UNIT

DATE OF MOVE _____ ADDRESS _____ CENSUS TRACT _____
 IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? YES NO

MONTHLY HOUSING COST (MHC)
 RENTAL PURCHASE
 MONTHLY RENT \$ _____ MORTGAGE PAYMENT (P&I) \$ _____
 EST. AVERAGE REAL ESTATE TAXES \$ _____
 MONTHLY EST. UTILITY COSTS \$ _____
 UTILITY COSTS \$ _____ TOTAL MHC \$ _____
 TOTAL MHC \$ _____ SALES PRICE \$ _____

RELOCATION PAYMENT(S)
 TYPE ACTUAL RHP
 FIXED DOWNPMT
 180-DAY HO
 AMOUNT \$ _____
 DATE CLAIM FILED _____
 DATE CLAIM PAID _____
 (Include copy of Claim Forms in Case File)

IS UNIT IN AREA OF LOW-INCOME OR
 MINORITY CONCENTRATION?
 YES NO

IS UNIT SUBSIDIZED?
 YES NO

 (Identify)

TEMPORARY HOUSING
 DATE _____ REASON _____
 ADDRESS _____ RENTAL \$ _____
 DATE OF MOVE TO PERMANENT DWELLING _____
 OUT-OF-POCKET EXPENSES PAID: \$ _____
 MOVING EXPENSES \$ _____
 INCREASED HOUSING COSTS \$ _____

APPEAL FILED: YES NO
 IF YES, INDICATE TYPE:
 PAYMENT(S)
 HOUSING
 OTHER _____
 (Include copy of Appeal in Case File)

RESIDENTIAL RELOCATION MANAGEMENT REPORT

PROJECT NAME AND NUMBER _____ STATUS AS OF _____

CASE NUMBER	ADDRESS	NAME OF OCCUPANT(S)	TENANT OWNER	DATE OF ELIGIBILITY	NOTICE ISSUED		NUMBER OF PEOPLE	(E)DERELY (D)ISABLED RACIAL/ETHNIC CLASSIFICATION**	REPRESENTATIVE COMPARABLE OFFERED...	NUMBER OF REFERRALS MADE	90-DAY NOTICE ISSUED	DATE MOVED	MOVING EXPENSES		REPLACEMENT HOUSING PAYMENT	CASE CLOSED	REMARKS
					TYPE	DATE							FIXED	AMOUNT			
													\$	\$			

* E - Notice of Eligibility for Relocation
C - Notice of Construction
N - Notice of Non-displacement

** W - White, Not Hispanic
B - Black, Not Hispanic
A - American Indian
H - Hawaiian
A/P - Asian or Pacific Islander

*** Representative comparable to be used as basis for determining maximum Replacement Housing Payment.

**MOVE-IN NOTICE
(GUIDEFORM NOTICE TO PROSPECTIVE TENANT)**

Grantee or Agency Letterhead

(date)

Dear _____:

On *(date)* , *(property owner)* submitted an application to the *(Grantee)* for financial assistance under a program funded by the Department of Housing and Urban Development (HUD). The proposed project involves [acquisition] [rehabilitation] [demolition] and/or [conversion] of the property located at *(address)* . Because Federal funds are planned for use in this project, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA) [and/or section 104(d) of the Housing and Community Development Act of 1974, as amended] may apply to persons in occupancy at the time the application was submitted for HUD funding. However, if you choose to occupy this property subsequent to the application for federal financial assistance, as a new tenant you will not be eligible for relocation payments or assistance under the URA [and/or section 104(d)].

This notice is to inform you of the following information **before you enter into any lease agreement and/or occupy the property located 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 payments or assistance provided under the URA [and/or section 104(d)]. 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 you incur 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 *(Grantee)* 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)

I have read the above information and understand the conditions under which I am moving into this project.

Print Name of Tenant(s)

Signature(s)

Address and Unit Number

Date

NOTE:

This is a guideform. It should be revised to reflect the project circumstances.



Household Move Options

There are three options for you to offer to residents

1. Professional move- you hire a moving company to move each household.
2. Direct Reimbursement- all applicable costs with receipts are reimbursed
3. Fixed Federal Schedule- Payment per furnished room

Texas Payments

- 1 Room- \$600
- 2 Rooms- \$800
- 3 Rooms- \$1000
- 4 Rooms- \$1200

- 5 Rooms- \$1400
- 6 Rooms- \$1600
- 7 Rooms- \$1750
- 8 Rooms- \$1900
- Each additional room- \$150