

Guide for Review of Relocation and Real Property Acquisition Policies and Procedures			
Name of Program Participant:			
Staff Consulted:			
Name(s) of Reviewer(s)		Date	

NOTE: All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding**."

Instructions: This Exhibit is designed to monitor compliance with policies and procedures governing implementation of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and section 104(d) of the Housing and Community Development Act of 1974. (NOTE: Use Exhibit 25-8 for State-Administered Programs.) One Exhibit should be completed for each program participant being reviewed. The sample guidance discussed in the introduction to this Chapter is to be followed in answering the questions in this Exhibit.

When making findings, the reviewer should cite not only the URA regulations, but also the appropriate program regulation. See Attachment 1 for a list of programs covered by the URA and their program-specific relocation citations

Questions:

1.

What is the date of the last monitoring review, if applicable?
Describe Basis for Conclusion:

2.

Are there outstanding relocation/real property acquisition findings, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

3.

How many parcels were acquired for a HUD-assisted project(s) during the last 3 years (or since the last HUD review, if more recent)? (Include number of parcels in response below.)

Describe Basis for Conclusion:

4.

How many occupied properties have been rehabilitated in the last 3 years (or since the last HUD review, if more recent)?

Total No. of Units: _____

No. of Tenant-Occupied Units: _____

No. of Owner-Occupied Units: _____

Describe Basis for Conclusion:

5.

How many units were demolished for a HUD-assisted project during the last 3 years (or since the last HUD review, if more recent)?

Total No. of Units: _____

No. of Vacant Units: _____

No. of Occupied Units: _____

No. of Owner-Occupied Units: _____

No. of Tenant-Occupied Units: _____

Describe Basis for Conclusion:

6.

Of the program participant's files reviewed, do they contain evidence of its assurances that it will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA), if applicable? [49 CFR 24.4]	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
Describe Basis for Conclusion: 							

7.

For CDBG, UDAG and HOME grants, and Section 108 Loan Guarantees only: Do the program participant's files reviewed during this monitoring contain evidence that it has in effect and is following a residential antidisplacement and relocation assistance plan, if applicable? [24 CFR 42.325(a); CDBG: 570.606(c); HOME: 92.353(e)]	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
Describe Basis for Conclusion: 							

8.

Has the program participant clearly designated staff responsible for compliance with pertinent rules and regulations?	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No				
Describe Basis for Conclusion: 					

9.

Provide the name(s), telephone number(s) and e-mail address(es) of the program participant staff persons responsible for:		
a. Assistance to Persons Not Displaced: _	_____	_____
	Name	Telephone No.

	e-mail address	
b. Relocation Assistance to Displaced Persons:	_____	_____
	Name	Telephone No.

	e-mail address	
c. Real Property Acquisition:	_____	_____
	Name	Telephone No.

	e-mail address	
Describe Basis for Conclusion:		

10.

Does the program participant have copies of current rules, regulations and technical guidance materials? (Briefly describe, in response below, the materials, e.g., statute, regulations, notices, informational brochures, fixed moving cost schedule, Fair Market Rent schedule, low-income limits, appraisal contract form, guide form deed, amortization tables, technical guides.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

11.

Does the program participant have an acquisition/relocation procedural manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		

12.

Do the program participant's files contain an electronic or hard copy of its local housing codes and occupancy standards?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

13.

Does the program participant employ consultants for carrying out relocation or real property acquisition activities?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

14.

What is the program participant's process for monitoring consultants? <input type="checkbox"/> Check here if not applicable
Describe Basis for Conclusion:

15.

Who maintains the program participant's relocation and real property acquisition records?
Name: _____ Telephone No.: _____
Describe Basis for Conclusion:

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16.

Does the program participant have in place an appeals/complaints process? [49 CFR 24.10]	<input type="checkbox"/> <input type="checkbox"/> Yes No
Describe Basis for Conclusion: 	

17.

For CDBG, UDAG and HOME grants, and Section 108 Loan Guarantees only: If the program participant provides optional relocation assistance, has an Optional Relocation Policy been adopted, if applicable? (Briefly describe, in response below, the instructions to recipients for policies governing optional relocation programs or attach a copy.) [24 CFR 92.353(d) or 24 CFR 570.606(d)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: 	

18.

For CDBG, UDAG and HOME grants, and Section 108 Loan Guarantees only: Does the program participant’s Consolidated Plan define “standard condition” and “substandard condition but suitable for rehabilitation,” if applicable? [24 CFR 42.305]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A
Describe Basis for Conclusion: 	

19.

<p>Does the program participant distribute replacement housing payments (for renters) on a monthly, yearly, or other installment period? [42 U.S.C. Sec. 3537c] NOTE: The above law may be implemented in a HUD regulation, NOFA, grant agreement, HAP, or other agreement. See 24 CFR 42.350(e)(1) for programs subject to section 104(d) of the Housing and Community Development Act of 1974. For other HUD Programs, please consult the applicable program requirements for guidelines governing compliance with other applicable laws. See, e.g., 24 CFR 91.225(b)(8) for CDBG Entitlement grants.</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

20.

<p>Do the project files contain Relocation Plans, if applicable? (For the HOPE VI Program, this is a finding.)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yes No N/A</p>
<p>Describe Basis for Conclusion:</p>	

21.

<p>What are the program participant's technical assistance and training needs, if any?</p>
<p>Describe Basis for Conclusion:</p>

22.

Has the program participant taken appropriate measures to minimize any fraud, waste or mismanagement? [49 CFR 24.4(c)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion:		