

RELOCATION CONTRACT

I/We, **client**, do hereby understand I/we have been given the choice of not temporarily relocating: which means all household members must be out of our home during the working hours (usually, but not limited to 7:30 a.m. to 5:00 p.m.) when the lead hazard work is being conducted, and I/we (any one over 18 years of age) have the option of staying in the home at night, but the children (any one under 18 years of age) are required to stay with family or friends for the duration of the lead hazard work or temporary relocating: which means all household members must not return to the home until the home has passed clearance. We have chosen to relocate and requested the following relocation needs for our family.

I/We have requested:

- Our family to be relocated to the Hotel address because I/we have no other accommodations for my/our children. I/We understand I/we must supply our personal needs and belongings and St. Clair County Intergovernmental Grants Department is not responsible for these belongings.
- I/we understand any calls made will be my/our responsibility.
- I/we understand any damages caused by me/our family will be the responsibility of me/us not St. Clair County Intergovernmental Grants Department
- I/We also understand I/we am/are responsible for transportation to the selected lodging.
- A two hundred and fifty dollar (\$250.00) stipend check will pay for groceries and essentials.

I/We have been informed the lead hazard remediation work will take approximately 10 days (from November 20, 2003 to December 4, 2003). I/We understand that if the work should extend beyond this date we may request, but are not guaranteed, additional funds.

By signing this form I/we agree to all the above statements and agree to abide by all the hotel/motel Rules, Regulations, and Obligations and release St. Clair County from any liability for damages done to the hotel/motel by my/our family. I/We understand I/we have been advised to keep a copy of this form for my/our records.

Linda Johnson

Date

Lead-Safe Unit Comparison and Evaluation

Name of client: **Linda Johnson**

Expected number of days unit will be needed: 10 days

Unit 1: Best Inn

Address of Unit: 2423 Old Country Inn Drive, Caseyville

Telephone number of Unit: (618) 397-3300

Age of unit:

Cost of unit per night: \$50.00 + tax

per week: \$

Unit offers:

Unit 2: First Western Inn

Address of Unit: 8787 Sasak Place, Caseyville

Telephone number of Unit: (618) 398-5484

Cost of unit per night: \$45.00 + tax

per week: \$

Unit offers:

Unit 3: Villager Premier

Address of Unit: 6 Gateway Drive, Collinsville

Telephone number of Unit: (618) 345-0800

Cost of unit per night: \$

per week: \$380.00

Unit offers: In-room microwave and refrigerator, free continental breakfast and cable TV.

I, Linda Johnson, accept **Villager Premier**, as an appropriate lead-safe unit for my family to occupy while lead hazard remediation is conducted on my home. I accept the relocation contract and understand my responsibilities while staying in the unit.

Linda Johnson

Date

Joan Scharf-Project Manager