



# RELOCATION ADVENTURE



OHHLHC Grantee  
Program Manager's School  
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# Introduction

- Presenter: John Latour LEAP Manager The Access Agency Inc.
- Topic: "Low cost temporary relocation"
- Purpose:
  1. Ensure temporary relocation housing units are decent, safe and sanitary.
  2. Make certain there is no out of pocket expenses related to housing relocation.
  3. Qualify all other conditions are reasonable (i.e., location, certain quality of life aspects, and duration).

# Methods & Strategies

- Dealing with the relocation of occupants in units receiving LHC Funds & URA:
  1. **Day Relocation**- Occupants must vacate premises for the day to return at the end of the work day (usually 8 hours).
  2. **Stipend**- A fair dollar amount justified for the duration of time the occupants are displaced from their home (set rate or per diem).
  3. **Full Relocation**- Full displacement of occupants to qualified housing with justifiable and reasonable costs and conditions. i.e. "Lead Safe House"

# Some Best Practices

- Catalog relocation assets by location and relevance. i.e. Hotels, kennels, taxi, & etc.
- Assess tenants needs and develop a budget with reasonable costs. Include methodology.
- Develop a game plan with contingency planning for full relocation. *Expect the unexpected.*
  - ✓ **Day Relocation**- Have a Full Relocation plan ready.
  - ✓ **Stipend**- Have a Full Relocation Plan ready.
  - ✓ **Full Relocation**- Potential costs can be staggering.

**Claim for Temporary Relocation Expenses (Residential Moves)**

U.S. Department of Housing and Urban Development  
Office of Community Planning and Development

OMB Approval No. 2506-0016  
(exp. 10/31/2011)

**(Appendix A, 49 CFR 24.2(a)(9)(ii)(D))**

See page 3 for Public Reporting Burden and Privacy Act Statements before completing this form

HUD  
Form 40030

<b>For Agency Use Only</b>	Name of Agency	Project Name or Number	Case Number
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**Instructions:** This claim form is for the use of families and individuals applying for reimbursement of temporary relocation expenses. The Agency will assist you in completing the form. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal. The Department of Housing and Urban Development provides information on these requirements and other guidance materials on its website at [www.hud.gov/relocation](http://www.hud.gov/relocation).

<b>1a.</b> Your Name(s) (You are the Claimant(s)) and Present Mailing Address	<b>1b.</b> Telephone Number(s)
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<b>2a.</b> Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)	<b>2b.</b> Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dwelling	Address	When Did You Rent This Unit?	When Did You Move to This Unit?	When Did You Move Out of This Unit?
<b>3. Unit That You Moved From</b>				
<b>4. Unit That You Moved To</b>				
<b>5. Unit That You Returned To</b>				

**6. CERTIFICATION OF LEGAL RESIDENCY IN THE UNITED STATES** (Please read instructions below before completing this section.)  
**Instructions:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, you must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation assistance.** (This certification may not have any standing with regard to applicable State laws providing relocation assistance.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) and (h) for hardship exceptions.

Please address only the category (individual or family) that describes your occupancy status. For Line (2), please fill in the correct number of persons.

**RESIDENTIAL HOUSEHOLDS**

(1) Individual.

I certify that I am: (check one)  
 a citizen or national of the United States  
 an alien lawfully present in the United States

(2) Family.

I certify that there are \_\_\_\_\_ persons in my household and that \_\_\_\_\_ are citizens or nationals of the United States and \_\_\_\_\_ are aliens lawfully present in the United States.

**7. DETERMINATION OF MOVING EXPENSES – MOVE TO TEMPORARY UNIT**

**Instructions:** You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a temporary housing unit. The computation table below provides you with the ability to compute your payment.

Move to Temporary Unit	(1) Commercial Move (Actual Costs)		(2) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)	
	Claimant	Agency Use	Claimant	Agency Use
(a) Moving Cost Expenses (49 CFR 24.301(g)(1-7)); see page 3 (Do not include storage costs listed separately below.)	\$	\$	\$	\$
(b) Storage cost (not to exceed 12 months)	\$	\$	\$	\$
(c) Telephone re-connection	\$	\$	\$	\$
(d) Cable/Internet re-connection	\$	\$	\$	\$
(e) Other (Explain in Remarks Section)	\$	\$	\$	\$
(f) Total (Lines 7(a) – 7(e))	\$	\$	\$	\$
(g) Amount Previously Received, if any	\$	\$	\$	\$
(h) Amount Requested (Subtract Line 7(g) from Line 7(f))	\$	\$	\$	\$
(i) Total Amount Approved by Agency (for move to temporary unit)		\$		\$

**TO BE COMPLETED BY AGENCY**

**SUMMARY FOR MOVE TO TEMPORARY HOUSING UNIT**

Line No.:	Amount Claimed:	Amount Recommended:	Date Paid:	Payable To:
(j) Line 7(i), Column (1)	\$	\$		
(k) Line 7(i), Column (2)	\$	\$		
<b>(l) Total:</b>	\$	\$		
<b>Payment Action</b>	<b>Amount of Payment</b>	<b>Signature</b>	<b>Name (Type or Print)</b>	<b>Date (mm/dd/yyyy)</b>
(m) <b>RECOMMENDED</b>	\$			
(n) <b>APPROVED</b>	\$			

**Remarks** (Attach additional sheets, if necessary)

# Low Cost Considerations

- **Full relocation** into a "lead safe unit" controlled by the property owner.
  1. This qualified location is also where to move any belongings of concern; i.e. furniture, breakable items, and etc.
  2. No alternative transportation costs are incurred if the relocation unit is in or adjacent to the subject property.
  3. Relocation Cost can be zero.

# Low Cost Considerations

- **Stipend-** To temporarily stay with family or friends.
  1. Ask occupant for new temporary location and contact information.
  2. Ask occupant whether stipend is needed upfront. Present occupant with packing list and requirements for day relocation.
  3. Investigate and have justifiable per diem costs that are reasonable.

# Low Cost Considerations

## ➤ Day Relocation- Some thoughts:

1. This can be difficult, occupants may try to re-enter the unit prematurely.
2. Ensure cooperation by giving: food gift cards, movie or event tickets. Have a public events calendar: story hour at the library, public concerts, cultural, and etc.

# Occupant Troubleshooting

- Know your occupant's demeanor.
  - ✓ Belligerent, non cooperative
  - ✓ Non cooperative
  - ✓ Moderately cooperative
  - ✓ Cooperative
  - ✓ Fully cooperative

Record level of cooperation, dates, and times of all conversations. Some occupants may contact Housing Advocacy Services.

# School Age Occupant Considerations

- Bus service for schools runs at full passenger capacities.
  - ✓ Call school administration, teachers and school bus service for changing bus routes of children targeted for relocation.
  - ✓ Locate school and public transit service bus stops at new temporary location.
  - ✓ Have a daycare option at new location for children previously cared for by neighbors or family.

# Other Considerations

- Tenant & landlord relationships are fragile. Try to maintain and foster bi-partisan cooperation.
- Educate the landlord in relocation and costs.
- Give the landlord the relocation options.
- Inform the landlord that relocation costs beyond the budgeted amount become their responsibility.
- Develop a systematic approach to relocation.
- Assign staff members the task of coordination and implementation of the relocation plan.

# Resources to Catalog

- Hotels & motels
- Realtors; apart & condos
- Campgrounds
- Kennels & pet stores
- Movers & storage facilities
- Public transit authorities
- Livery & taxi companies
- Daycare centers
- Local school dept. contact information
- Local school busing contact information
- Restaurants
- Grocery stores
- No luxury items gift cards
- Local events calendar
- Faith based organizations
- Other non-profits
- Local "Lead Safe Houses"
- Lead treatment centers
- Houses of worship

# Helpful Links

- [www.huduser.org](http://www.huduser.org)
- [www.nchh.org](http://www.nchh.org) Search for Designing and Administering Lead Hazard Control Programs
- [49 CFR Part 24](#)
- [HUD Handbook 1378](#)
- [www.hud.gov/offices/adm/hudclips/forms/files/40030.doc](http://www.hud.gov/offices/adm/hudclips/forms/files/40030.doc)