|  |  |  |  |
| --- | --- | --- | --- |
| **Guide for Review of Relocation of Residential**  **Displaced Person -- Individual Case File** | | | |
| **Name of Program Participant:** Click or tap here to enter text. | | | |
| **Staff Consulted:** Click or tap here to enter text. | | | |
| **Project Name and Number:** Click or tap here to enter text. | **Funding Source:** Click or tap here to enter text. | | **Location:** Click or tap here to enter text. |
| **Name(s) of Reviewer(s)** | Click or tap here to enter text. | **Date** | Click or tap here to enter text. |

**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.

**Instructions:** This Exhibit is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation, and the provision of assistance to certain residential occupants who are displaced under HUD-assisted projects. A separate Exhibit 25-12 or Exhibit 25-13 should be completed for the lesser of five displaced persons or all persons displaced by the project, as identified during completion of Exhibit 25-11. If any of the individual case files indicate an appropriate claim was not paid, review all persons displaced by the project to ensure appropriate benefits were paid.

The displacement sample should include completed cases in which payments have been made. However, if necessary to provide a representative sample, other cases may be included. Cases in which an appeal has been filed shall be given a high priority. Where both tenants and owner-occupants have been displaced, the sample of cases should include both residential tenants and owners, with particular emphasis on lower-income tenants. The sample should provide a basis to determine not only whether payments were computed properly and made promptly, but also whether displaced persons received the full range of relocation payments and services to which they were entitled. Complete one Exhibit 25-12 or 25-13 for each reviewed case file.

**Questions:**

1/

|  |
| --- |
| **Client Information:**[[1]](#footnote-2)1 |
| First Initial and Last Name of Person(s) Displaced: Click or tap here to enter text.  Unit From Which Displaced: Click or tap here to enter text.  Date Final Move Completed: Click or tap here to enter text. |

2.

|  |
| --- |
| * 1. **Occupant Characteristics**   Check as appropriate:  Owner Tenant |
| b. **Household Composition** (indicate number)  Total persons in the household Click or tap here to enter text.  Household members lawfully present in U.S. Click or tap here to enter text.  Household members not lawfully present in U.S. Click or tap here to enter text. |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. |

3.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there evidence that the displaced person was interviewed to determine the person’s relocation needs and preferences and to explain the relocation payments and other assistance for which the person may be eligible, the related eligibility requirements, and the procedures for obtaining such assistance? (If yes, include date of interview in response below.)  [49 CFR 24.205(c)(2)(ii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

4.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Is the displaced person’s average monthly gross household income “low- income” as classified by HUD’s Income Limits for the Public Housing and Section 8 programs? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| * 1. If the answer to “a” above is “yes,” was the person’s replacement housing payment calculated using the lesser of the following (check one and complete):   30% of average monthly gross household income: Click or tap here to enter text.  Average monthly cost for rent and utilities at the displacement dwelling for a reasonable period prior to displacement: $ Click or tap here to enter text.  [49 CFR 24.402(b)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

5.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain a written General Information Notice (GIN)? (If yes, include the date of the GIN in response below.)  [49 CFR 24.9 and 49 CFR 24.203(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

6.

|  |  |
| --- | --- |
| If the answer to 5 above is “yes,” did the GIN include a description of the program participant’s relocation program that: | |
| 1. Informs the person of possible displacement for the project and generally describes the relocation payment(s) for which the person may be eligible and the procedures for obtaining payment(s)?   [49 CFR 24.203(a)(1)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Informs the person that reasonable relocation advisory services will be given, including referrals to replacement properties, help in filing payment claims, and other necessary assistance to help the person successfully relocate?   [49 CFR 24.203(a)(2)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| c. Informs the person that no one will be required to move without at least 90 days advance written notice and that the person cannot be required to move permanently unless at least one comparable replacement dwelling has been made available?  [49 CFR 24.203(a)(3)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| d. Informs the person that anyone who is an alien not lawfully present in the United States is ineligible for relocation advisory services and relocation payments, unless such ineligibility would result in exceptional and extremely unusual hardship (as defined in 49 CFR 24.208(h)) to a qualifying spouse, parent, or child?  [49 CFR 24.203(a)(4)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Describes the person’s right to appeal the program participant’s determination as to the person’s application for assistance?   [49 CFR 24.203(a)(5)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Was the displaced person issued the pertinent HUD information booklet(s) or the equivalent? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

7.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain a Notice of Eligibility for Relocation Assistance? (If yes, include date of Notice of Eligibility in response below.)  [49 CFR 24.9 and 49 CFR 24.203(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

8.

|  |  |
| --- | --- |
| If the answer to question 7 above is “yes,” does the Notice of Eligibility: | |
| 1. Inform the person of his/her eligibility for relocation assistance effective on the date of a notice of intent to acquire, the initiation of negotiations, or actual acquisition, whichever occurred first?   [49 CFR 24.203(b)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Adequately describe the assistance, the estimated amount of assistance and the procedures for obtaining the assistance?   [49 CFR 24.203(b)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Correctly explain to the person the moving expense choices that were available?   [49 CFR 24.203(b)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

9.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the displaced person notified in writing as soon as feasible of the specific comparable replacement dwelling and the price or rent/utility costs used for establishing the upper limit of the replacement housing payment? (Include, in response below, the price or monthly rent/utility costs used to establish the replacement housing payment.)  [49 CFR 24.205(c)(2)(ii)(B)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

10.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was at least one and, where possible, three or more, comparable replacement dwelling(s) made available to the displaced person)?  [49 CFR 24.204(a) and 49 CFR 24.205(c)(2)(ii)(A)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

11.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was a 90-day notice issued? (If yes, include date of the 90-day notice in response below.)  [49 CFR 24.203(c)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| a. If a 90-day notice was issued, did the notice identify a specific day as the earliest date by which the occupant would be required to move or state that the occupant will receive a further notice indicating, at least 30 days in advance, the specific date by which the occupant must move?  [49 CFR 24.203(c)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| b. If a 90-day notice was issued, was the required move-out date at least 90 days after a comparable replacement dwelling was made available?  [49 CFR 24.203(c)(3)] | | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | | |

12.

|  |  |
| --- | --- |
| Were the following Notices personally served or sent registered or certified mail, return receipt requested:  [49 CFR 24.5] | |
| a. General Information Notice? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| b. Notice of Eligibility? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| c. 90-Day Notice? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| d. 30-Day Notice to Vacate (as applicable)? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

13.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Whenever possible, were minority persons given reasonable opportunities to relocate to decent, safe and sanitary replacement dwellings that are within their financial means and not located in an area of minority concentration?  [49 CFR 24.205(c)(2)(ii)(D)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

14.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the displaced person offered transportation to inspect housing to which the person was referred?  [49 CFR 24.205(c)(2)(ii)(E)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

15.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the displaced person was eligible for government housing assistance at the replacement dwelling, was the person advised of any requirements of such government housing assistance program that would limit the size of the replacement dwelling, as well as of the long term nature of such rent subsidy, and the limited (42 month) duration of the relocation rental assistance payment?  [49 CFR 24.205(c)(2)(ii)(F)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

16.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was counseling and advice as to other sources of assistance that may be available provided, along with technical help to persons applying for such assistance?  [49 CFR 24.205(c)(2)(iv) and 24.205(c)(2)(v)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

17.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain evidence that the displaced person received a payment for moving and related expenses? (If yes, include date of final payment in response below.)  [49 CFR 24.9] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

18.

|  |  |
| --- | --- |
| If the answer to question 17 above is “yes”: | |
| 1. What type of moving and related expenses payment was made:   Actual Expenses?  Fixed Payment? Self-Move (may be combination)  [49 CFR 24.301] [49 CFR 24.302] [49 CFR 24.301(b)(2)] | |
| 1. What was the amount of payment for moving and related expenses?   Click or tap here to enter text. | |
| c. What was the date of final payment? Click or tap here to enter text. | |
| 1. Was the computation correct?   [49 CFR 24.301 and/or 24.302] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

19.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain evidence that the displaced person received a replacement housing payment?  [49 CFR 24.9 and 49 CFR 24.401-24.404, as applicable] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

20.

|  |  |
| --- | --- |
| If the answer to question 19 above is “yes”: | |
| 1. What date was the Replacement Housing Payment Claim Filed? Click or tap here to enter text. | |
| 1. What was the amount claimed? Click or tap here to enter text. | |
| 1. What date was the claim paid? Click or tap here to enter text. | |
| 1. What was the amount paid? Click or tap here to enter text. | |
| e. Was the replacement housing payment accurate? (Complete Attachment I Worksheet to respond to this question or attach copy of claim form.)  [49 CFR 24.401-24.404, as applicable] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:** Click or tap here to enter text. | | | |

21.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain evidence that the replacement unit was inspected and determined to be decent, safe and sanitary prior to making a replacement housing payment or releasing the initial payment from escrow (identify the inspection date below)?  [49 CFR 24.403(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

22.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If a written appeal or complaint was filed by the displaced person, did the program participant promptly review the appeal in accordance with the requirements of 49 CFR Part 24 and/or 24 CFR 42.390? (If yes, describe issue raised and program participant’s conclusion.)  [49 CFR 24.10 and/or 24 CFR 42.390] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **Attachment I: Worksheet for Replacement Housing Payment** | |
| **First Initial & Last Name of Displaced Person:**Click or tap here to enter text. | **Project Name/Number:**Click or tap here to enter text.  **Location:**Click or tap here to enter text. |
| **Name of Reviewer:**Click or tap here to enter text. | **Date Form Completed:**Click or tap here to enter text. |

**Instructions:** Complete this worksheet to answer question 20.e of this Exhibit. “CRD” means “Comparable Replacement Dwelling” and “MRU” stands for “Monthly Rent Plus Utilities.”

**A. Uniform Relocation Act**

|  |  |  |
| --- | --- | --- |
| **180-Day Homeowner Payment** | **Rental Assistance Payment** | **Downpayment Assistance** |
| 1. Cost of replacement dwelling  or CRD, whichever is less: $  2. Cost of displacement dwelling: $  3. Price Differential (Subtract Line 2 from Line 1):  $  4. Mortgage Interest Differential: $  5. Add lines 3 + 4: $ | 1. MRU of replacement dwelling  or CRD, whichever is less: $  2. MRU of displacement dwelling (For low-income enter MRU of displacement dwelling or 30% of income, whichever is less): $  3. Monthly Need (subtract line 2 from line 1):  $  4. Line 3 x 42:  $ | 1. MRU of CRD: $  2. MRU of Displacement Dwelling  (For low-income enter MRU of displacement dwelling or 30% of income, whichever is less): $    3. Monthly need (subtract line 2 from line 1):  $  4. Line 3 x 42:  $ |

**B. Section 104(d)**

|  |  |  |
| --- | --- | --- |
| **Sec. 8 Housing Choice Voucher and/or Cash Assistance Provided** | **Section 8 Housing Choice Voucher Accepted** | **Purchase Assistance** |
| 1. MRU of replacement dwelling,  or CRD, whichever is less:  $  2. Voucher subsidy (if none enter “0”): $  3. Out-of-pocket cost (subtract line 2 from line 1): $  4. Total Tenant Payment (TTP):  $  5. Monthly need (subtract line 4 from line 3. If less than “0,” skip line 6):  $  6. Line 3 x 60: $  7. Security Deposit: $  8. Reimbursement for credit  check: $  9. Add lines 6 + 7 + 8: $     \_\_\_\_\_\_\_ | 1. Security Deposit: $  2. Reimbursement for credit  check:$  3. Gap/monthly need:\* $  4. Line 3 x 60: $  5. Add lines 1+2 + 4: $  **\* NOTE**: If tenant was referred to a comparable unit for which the MRU exceeds the subsidy amount plus TTP, a cash rental assistance payment must be made. Such cash rental assistance payment must be made in installments. | 1. MRU of CRD: $  2. TTP: $    3. Monthly need (subtract line 2 from line 1): $  4. Capitalized value of 60 monthly installments of amount on line 3: $  5. Reimbursement for credit  check: $  6 6. Add lines 4 +5:  $ |

1. 1 The inclusion of personally identifiable information (PII) should be limited. PII includes any information that is linked or linkable to an individual, such as first and last name, home or cell telephone numbers, address, and social security numbers. To the greatest extent feasible, monitors should use a method of identifying files reviewed that does not include PII. [↑](#footnote-ref-2)