|  |  |  |  |
| --- | --- | --- | --- |
| **Guide for Review of Relocation of Non-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 non-residential tenants and owner-occupants who are displaced as a direct result of HUD-assisted projects. A separate Exhibit 25-12 or Exhibit 25-13 should be completed for the lessor of five displaced persons or all persons displaced by the project. If any of the individual case files indicate an appropriate claim was not paid, review all displaced persons to ensure appropriate benefits were paid.

The displacement sample for non-residential displaced persons 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 tenants and owner-occupants. 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)

|  |
| --- |
| Provide the following client information: |
| Name(s) of Person(s) Displaced: Click or tap here to enter text.  Telephone Number(s): Click or tap here to enter text.  Address From Which Displaced: Click or tap here to enter text.  Address of Replacement Property: Click or tap here to enter text.  Date of Initial Occupancy at Replacement Property: Click or tap here to enter text.  Date Final Move Completed: Click or tap here to enter text. |

|  |
| --- |
| * 1. **Occupant Characteristics**   Check as appropriate:  Owner Lawfully present in the U.S.  Tenant  Not lawfully present in the U.S. |
| b. **Check All That Apply:**  Business  Sole Proprietorship  Farm  Corporation  Nonprofit Organization  Partnership  Business Reestablished  Business Discontinued  Any Other Non-Natural Person (e.g., limited liability company, unit of general local government) |

3.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there evidence that the displaced person was interviewed to determine relocation needs and preferences and to explain rights and options?  **NOTE:** Evidence, at a minimum, should include information on the business’s replacement site requirements, the need for outside specialists, identification and resolution of personalty/realty issues, estimate of time required for the business to vacate the site, an estimate of anticipated difficulty in locating a replacement site, and identification of any required advance relocation payments.  [49 CFR 24.9; 49 CFR 24.205(c); 49 CFR 24.205(c)(2)(i)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

4.

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

5.

|  |  |
| --- | --- |
| If the answer to 4 above is “yes,” did the General Information Notice: | |
| 1. Inform the person that displacement may occur and generally describe the relocation payment(s) for which the person may be eligible?   [49 CFR 24.203(a)(1)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Inform the person that the person will be given reasonable relocation advisory services, 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** | | |
| 1. Inform the person that the person will not be required to move without at least 90 days advance written notice?   [49 CFR 24.203(a)(3)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Inform the displaced person that any person 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 to a qualifying spouse, parent, or child?   [49 CFR 24.203(a)(4)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| e. Describe the person’s rights 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** | | |
| f. Include the pertinent HUD information booklet(s) or the equivalent? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

6.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | |

7.

|  |  |
| --- | --- |
| If the answer to question 6 above is “yes,” does the Notice of Eligibility: | |
| 1. Inform the business of its eligibility for relocation assistance effective on the date of a notice to acquire, the initiation of negotiations or actual acquisition, whichever comes first?   [49 CFR 24.203(b)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Adequately explain to the business the assistance, the estimated amount of assistance and the procedures for obtaining the assistance? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| 1. Adequately explain to the business the moving expense choices that are available? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

8.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the displaced person provided information on the availability, purchase prices, and rental costs of suitable replacement sites and assisted in obtaining and becoming established in a suitable replacement location?  [49 CFR 24.205(c)(2)(iii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

9.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was a 90-day notice issued? (If yes, include date of 90-day notice in response below.)  [49 CFR 24.203(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

10.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If a 90-day notice was issued, did it state a specific date by which the displaced person would be required to move or did it state that the occupant will receive a further notice indicating, at least 30 days in advance, the specific date by which the occupant will be required to move?  [49 CFR 24.203(c)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

11.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the 90-day notice did not specify an earliest date by which the occupant might be required to move, was a 30-day vacate notice issued? (If yes, include the date of the 30-day notice in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

12.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain evidence that the displaced person received a payment for moving and related expenses?  [49 CFR 24.9; 49 CFR 24.301(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

13.

|  |  |
| --- | --- |
| Was the payment for moving and related expenses a payment for: | |
| a. Actual Moving and, where applicable, Reestablishment Expenses pursuant to 49 CFR 24.301(d) and 49 CFR 24.304? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| b. Fixed Payment In Lieu of Actual pursuant to 49 CFR 24.305? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| c. Self-Move (may be a combination) pursuant to 49 CFR 24.301(d)(2)? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

14.

|  |  |
| --- | --- |
| Was the computation correctly calculated for the following (if not, explain): | |
| a. Actual Moving Expenses?  [49 CFR 24.301(d)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| b. Fixed Payment In Lieu of Actual?  [49 CFR 24.305] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| c. Reestablishment Expenses?  [49 CFR 24.304] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| d. Self-Move (may be a combination)?  [49 CFR 24.301(d)(2)] | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

15.

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| --- |
| Provide the following information:  Date Claim Filed: Click or tap here to enter text.  Amount Claimed: Click or tap here to enter text.  Date Claim Paid: Click or tap here to enter text.  Amount Paid: Click or tap here to enter text. |
| **Describe Basis for Conclusion:** |
| Click or tap here to enter text. |

16.

|  |  |
| --- | --- |
| 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? | | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | | | |

17.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. 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?  [49 CFR 24.10 (for appeals)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. How was the appeal or complaint handled? Click or tap here to enter text. | |
| **Describe Basis for Conclusion:**  Click or tap here to enter text. | |

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)