

Appendix 4

INSTRUCTIONS FOR COMPLETING THE ONE-FOR-ONE REPLACEMENT SUMMARY
FORM HUD-4949.4

The purpose of the One-For-One Replacement Summary form is to report on the status of the grantee's efforts to fulfill the requirements of Section 104(d) of the Housing and Community Development Act (HCDA), as amended in 1987, and implemented in the CDBG regulations at 570.606(c)(1). The following CDBG-assisted activities generally result in the need for replacement housing units:

- . Demolition of any housing having a market rent that does not exceed the Fair Market Rent (FMR) for existing housing under the Section 8 program, whether the housing was owner- or renter-occupied;
- . Rehabilitation of rental housing having a market rent that does not exceed the FMR before rehabilitation but that exceeds the FMR following the rehabilitation; and
- . Conversion to a non-housing use of any housing having a market rent not exceeding the FMR.

The grantee is required to list on the One-for-One Replacement Summary form all CDBG-assisted activities that have created a housing replacement responsibility, and to identify all units that have been provided as replacements. If HUD has determined that replacement is not required, the date of the determination must be provided as described on page 4-2 under column e. (Under the regulation, HUD may determine that replacement is not needed based on its finding that there is an adequate supply of vacant low- and moderate-income dwelling units in standard condition within the grantee's jurisdiction.) The grantee must continue to show each such activity in subsequent GPRs until all required replacement units related to the activity have been provided and reported to HUD.

HEADING

Complete the headings in accordance with the instructions found in Chapter 1, paragraph 1-5.a. The instructions may also be found on the back of the One-For-One Replacement Summary form.

TABLE

Part I: LOW/MOD HOUSING UNITS DEMOLISHED OR CONVERTED

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- Column a ACTIVITY NUMBER: Enter the activity number from the Activity Summary form that corresponds to the activity subject to the one-for-one replacement requirement.
- Column b ACTIVITY ADDRESS: Provide the street address for each structure in which low/mod housing units were demolished or converted to another use as a result of a CDBG-assisted activity and for which replacement is required or for which the grantee requested that HUD determine that an exception is appropriate.
- Column c DATE OF AGREEMENT: For housing that is privately owned, enter the date that the grant or loan agreement for CDBG assistance between the grantee and the person owning or controlling the real property was executed. For housing that was owned by the grantee or subrecipient, enter the date that the contract for demolition or conversion between the grantee or subrecipient and the contractor was executed.
- Column d NUMBER OF UNITS BY BEDROOM SIZE THAT WERE DEMOLISHED OR CONVERTED: For each structure, enter the number of units according to bedroom size that were demolished or converted and enter the total number of bedrooms in the structure that were so affected.

Part II: REPLACEMENT UNITS

- Column e REPLACEMENT ADDRESS: Provide the street address for each structure in which housing units were provided as replacement for units demolished or converted as identified in column b above. List these structures and units adjacent to those for which they are a replacement. Do not identify housing that has not yet been made available for occupancy.

If HUD has determined that the community need not replace the units, enter "Replacement Not Required" in this column, along with the date that HUD issued a determination to that effect.

- Column f DATE UNIT AVAILABLE: Enter the date that the unit was made available for occupancy.

Reminder: To meet the requirements, the replacement

units must become available in the period beginning one year before submission of a copy of the replacement housing plan to HUD and ending three years after commencement of the demolition or conversion.

Column g NUMBER OF UNITS BY BEDROOM SIZE: By replacement address, enter the number of units provided according to bedroom size and the total number of bedrooms in the structure.

If the bedroom size of the replacement units is less than that of the units being replaced (viz, four 2-bedroom units replacing one 2-bedroom and two 3-bedroom units), attach a statement justifying why this is consistent with the community's needs as reflected in its CHAS report.

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Exhibit 4a is a form which cannot be loaded into the Directives Access System.