

<b>Site Occupant Record - Residential</b>		Project Name: _____	
LOCALITY/AGENCY _____		Project #: _____	
Date of Initial Interview: _____ Interviewer: _____		Relocation Case #: _____	
		Acquisition Parcel #: _____	
NAME OF OCCUPANT _____ ADDRESS _____ TELEPHONE NUMBER _____ CENSUS TRACT _____		CHECK: <input type="checkbox"/> FAMILY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	
IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF GENERAL INFORMATION NOTICE _____	
DATE OCCUPANT FIRST OCCUPIED THIS DWELLING _____		EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____	
		DATE PRIVACY ACT STATEMENT EXECUTED _____ (INCLUDE COPY OF NOTICES AND SIGNED PRIVACY ACT STATEMENT IN CASE FILE)	
<b>RACIAL/ETHNIC CLASSIFICATION</b>		<b>HOUSING COSTS AND CHARACTERISTICS OF DISPLACEMENT DWELLING</b>	
(CHECK ALL THAT APPLY) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE <input type="checkbox"/> ASIAN AND WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL		TENANT: MONTHLY CONTRACT RENT \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ MONTHLY HOUSING COSTS \$ _____	
		OWNER: MONTHLY MORTGAGE PAYMENT (P&I) \$ _____ AVERAGE MONTHLY UTILITY COSTS \$ _____ REAL PROPERTY TAXES \$ _____ MONTHLY HOUSING COSTS \$ _____	
		NO. OF ROOMS _____ NO. OF BEDROOMS _____ UNIT IS: <input type="checkbox"/> HOUSEKEEPING <input type="checkbox"/> NONHOUSEKEEPING	





<b>Site Occupant Record - Nonresidential</b>		Project Name: _____ Project #: _____ Relocation Case #: _____ Acquisition Parcel #: _____
LOCALITY/AGENCY _____		
Date of Initial Interview: _____ Interviewer: _____		
NAME UNDER WHICH BUSINESS TRADES/OPERATES: _____	NAME OF PRINCIPAL OFFICER: _____	
ADDRESS _____	HOME ADDRESS: _____	
TELEPHONE NUMBER _____	TELEPHONE #: _____	
IS THIS ADDRESS LOCATED IN A HUD DESIGNATED RENEWAL COMMUNITY OR EMPOWERMENT ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF GENERAL INFORMATION NOTICE _____	
DATE OCCUPANT FIRST OCCUPIED THIS LOCATION _____	EFFECTIVE DATE OF NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE _____	
<b>OCCUPANT CHARACTERISTICS</b>		
YEARS IN BUSINESS _____ YEARS AT THIS LOCATION _____	TYPE OF OWNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NONPROFIT ORGANIZATION	RACIAL/ETHNIC CLASSIFICATION (CHECK ALL THAT APPLY) <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE <input type="checkbox"/> ASIAN AND WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN AND WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE AND BLACK OR AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL
TENURE: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT OPERATION: <input type="checkbox"/> BUSINESS <input type="checkbox"/> NONPROFIT ORGAN. <input type="checkbox"/> FARM	<b>RELOCATION PREFERENCES AND REQUIREMENTS</b> RELO PREFERENCES: <input type="checkbox"/> WILL MAKE OWN PLANS <input type="checkbox"/> NONE <input type="checkbox"/> RENT <input type="checkbox"/> PURCHASE <input type="checkbox"/> BUILD LOCATION CONSIDERATIONS _____	
<b>CHARACTER OF BUSINESS OPERATION</b> _____ _____ (e.g., manufacturing, wholesale trade, retail trade, business service, personal service, institutional)	SPACE OCCUPIED (At displacement property) _____	
SERVICES PROVIDED (if tenant) _____	SPACE NEEDS _____	
MONTHLY RENTAL \$ _____	OTHER SPECIAL NEEDS _____	
	TYPE/SIZE OF BUILDING _____	
	MAXIMUM MONTHLY RENTAL \$ _____ MAXIMUM SALES PRICE \$ _____	
	BUSINESS WILL DISCONTINUE OPERATIONS (EXPLAIN) _____	

REFERRALS TO REPLACEMENT LOCATIONS						
DATE	ADDRESS	RENTAL	SALES	RENTAL OR SALES PRICE	DESCRIPTION OF REFERRAL	ACTION ON REFERRAL (If refused, indicate reason)

<b>REPLACEMENT LOCATION</b>	
DATE AGENCY NOTIFIED OF INTENTION TO MOVE _____	
DATE AGENCY INSPECTED PREMISES _____	ADDRESS TO WHICH MOVED: _____
DATE MOVE BEGAN _____	DATE MOVE COMPLETED _____
TENURE AT REPLACEMENT LOCATION:	
<input type="checkbox"/> OWNED	SALES PRICE \$ _____
<input type="checkbox"/> RENTED	MONTHLY RENTAL \$ _____
CENSUS TRACT _____ TELEPHONE _____	
DESCRIPTION OF REPLACEMENT LOCATION: _____	

<b>REPLACEMENT PAYMENT</b>			<b>TEMPORARY MOVE</b>	
	AMOUNT	DATE CLAIM FILED	DATE CLAIM PAID	REASON _____
<input type="checkbox"/> ACTUAL MOVING EXPENSES	\$ _____	_____	_____	DATE _____ ADDRESS _____
<input type="checkbox"/> REESTABLISHMENT EXPENSES	\$ _____	_____	_____	DATE OF MOVE FROM TEMPORARY LOCATION TO PERMANENT LOCATION _____
<input type="checkbox"/> FIXED PAYMENT	\$ _____	_____	_____	
(Include copy of claim form and related documentation in case file)				
APPEAL FILED: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, include copy in case file)				

REMARKS:



INVITATION TO PARTICIPATE

Housing Authority Letterhead

An Invitation to YOU!

You are invited to attend and participate in a discussion regarding a proposal to rehabilitate, demolish and/or reconstruct the complex you now live in. If this proposal goes forward, it is the Authority's intention to prepare and adopt a Relocation Plan, and to consider the comments and suggestions received from both the residents and the residents' association. If adopted, this Plan will be made available to each resident who currently occupies this complex to help explain the rights, protections, services, moving assistance, and housing choices that may be available.

As you can see, *this is an important meeting*. Please plan to attend. Your suggestions and concerns will be heard and considered.

**Several issues may be discussed at this meeting.**

- What is the best way to improve the living conditions at this complex? (Rehabilitation, Demolition/Reconstruction, Demolition Only) Why?
- Are there laws to protect me if I have to move?
- Will I get moving and relocation services? What kind?
- Can I move to other Public Housing?
- What if I want a Section 8 Voucher? Can I get one? How?
- What about homeownership? Can I buy a home? How?
- Can I come back to the complex when the project is finished?
- Will I be kept informed of other meetings or actions? How?

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NOTES

1. This is a guideform. It should be revised to reflect the HUD program and project circumstances.

## **Exercise: Who is displaced?**

*If these tenants were to move, who would be considered a “displaced person” and who would not?*

1. Toni applies for relocation assistance for her house and vacates her unit while the rehabilitation is conducted.
2. Alvin, who is not a person with disabilities, moves after a nonprofit uses federal funds to convert his building into housing for persons with disabilities.
3. Although Jack receives a Notice of Non-Displacement regarding the federally-assisted rehabilitation of his unit, he moves after the project is complete because he cannot afford the increased rent, which is now more than 30% of his income.
4. Steve’s family of (5) is allowed to continue living in their one-bedroom rental unit, even after the unit undergoes federally-funded rehabilitation.
5. The landlord does not renew Greg’s lease so that the subsequent vacant unit will be bought by a nonprofit applying for HOME funds.
6. Stephanie moves after receiving a General Information Notice informing her that the property owner is applying for federal funds to rehabilitate the building and instructing her not to move at this time.
7. John is allowed to return to his HOME project building, but must first temporarily move to the Holiday Inn for one month, then to the Bates Motel for two months.
8. Jesse is evicted for failing to pay rent just as the property owner applies for federal funds to rehabilitate the unit.