

Guide for Review of Relocation of Residential Occupant Not Displaced -- Individual Case File			
Name of Program Participant:			
Staff Consulted:			
Project Name and Number:		Funding Source:	
Location:			
Name(s) of Reviewer(s)		Date	

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. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding.**"

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 not displaced under HUD-assisted projects. It is important to review cases where occupants were not considered displaced by a project that resulted in acquisition, rehabilitation or demolition. An occupant who is not displaced may or may not move temporarily or may be required to move to another site within the same building. In selecting the sample of files to review, the HUD reviewer's initial file selection is to follow the guidance in the introduction to this Chapter. If possible, at least five files should be reviewed. Consideration should be given to:

- whether a occupant was designated as temporarily relocated in accordance with applicable program requirements;
- whether occupants were required to move to another unit within the same building.

The reviewer may also add files to the selection where complaints have been made, where there is alleged noncompliance, or where the project is large and/or complex.

Questions:

1. Client Information

Provide the following client information:
Name(s) of Person(s): _____
Telephone Number(s): _____
Address: _____
Address of Temporary Unit, if applicable: _____
Address of Permanent Unit: _____
Date of Initial Occupancy: _____
Date of Temporary Move, if applicable: _____
Date Final Move Completed, if applicable: _____

2.

a.	<p>Occupant Characteristics</p> <p>Check As Appropriate:</p> <p><input type="checkbox"/> Owner</p> <p><input type="checkbox"/> Tenant</p>		<p>Check One:</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Individual</p>
b.	<p>Household Composition (indicate number)</p> <p>Adults (lawfully present in U.S.) _____</p> <p>Adults (not lawfully present in U.S.) _____</p> <p>Children (under 18 & lawfully present in U.S.) _____</p> <p>Children (under 18 & not lawfully present in U.S.) _____</p> <p style="text-align: center;">Total _____</p>		
c.	<p>Head of Household</p> <p>Check One: Check One: Check One:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Under 65 <input type="checkbox"/> Lawfully present in U.S.</p> <p><input type="checkbox"/> Female <input type="checkbox"/> 65 and Over <input type="checkbox"/> Not lawfully present in U.S.</p>		
d.	<p>Racial/Ethnic Data</p> <p>(Check one or more, if applicable)</p> <p><input type="checkbox"/> Alaskan Native or American Indian</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> American Indian/Alaskan Native and White</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African American and White</p> <p><input type="checkbox"/> American Indian/Alaskan Native and Black/African American</p> <p><input type="checkbox"/> Other Multi-racial</p>		
<p>Describe Basis for Conclusion:</p> 			

3.

<p>Is there evidence that any temporarily relocated person was interviewed to determine his/her relocation needs and preferences and to explain his/her rights and options? (If yes, include date of interview in response below.)</p> <p>[May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]</p>	<p><input type="checkbox"/></p> <p>Yes</p>	<p><input type="checkbox"/></p> <p>No</p>
<p>Describe Basis for Conclusion:</p> 		

6.

Was the occupant issued a Notice of Non-Displacement? (If yes, include date of Notice in response below.)	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Describe Basis for Conclusion:			

7.

If the answer to question 6 is “yes,” was the occupant offered an opportunity to lease and occupy a suitable, decent, safe and sanitary unit in the same building/complex at the same rent or at a rent/estimated utility cost not exceeding 30% of average monthly gross household income? [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Yes	No		N/A
Describe Basis for Conclusion:				

8.

Does the occupant file contain evidence that advisory services were provided?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Describe Basis for Conclusion:			

9.

a. Was the occupant required to move? (If yes, include below whether the move was temporary or a permanent move within the project.)	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Describe Basis for Conclusion:			

<p>b. If the occupant moved temporarily, was he/she reimbursed for all reasonable out-of-pocket expenses for the duration of the temporary move?</p> <p>[May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

<p>c. If the occupant was temporarily relocated, was (or is) the duration of the temporary move 12 months or less? (If no, indicate below the duration of the temporary move.)</p> <p>[49 CFR 24.2(a)(9)(ii)(D)]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

<p>d. If the occupant was temporarily relocated, were other terms and conditions of the temporary move reasonable (e.g., access to schools, employment; services including transportation, medical and religious facilities, shopping; accommodations for pets)?</p> <p>[May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Yes	No	N/A					
<p>Describe Basis for Conclusion:</p>							

<p>e. If temporary relocation extended beyond 12 months, was the occupant offered permanent relocation assistance in addition to the temporary relocation assistance received?</p> <p>NOTE: If temporary relocation lasted more than 12 months, case file should also be reviewed using Exhibit 25-3.</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No				
<p>Describe Basis for Conclusion:</p>					

f. If temporary relocation lasted more than 12 months, did the occupant retain the option to return to the project in accordance with any past assurances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

10.

a. Does the file contain evidence that occupant received payment for increased temporary housing costs? [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Basis for Conclusion: 		

b. What was the amount of increased housing costs for temporary housing? (Check computation using the attached Worksheet for Temporary Housing Costs, Item 15. If incorrect, explain.)
Describe Basis for Conclusion:

11.

a. What was the initial rent offered to the occupant at completion of the project? <input type="checkbox"/> Rent/utility cost not increased \$ _____ <input type="checkbox"/> Increased rent/utility cost \$ _____ [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]
Describe Basis for Conclusion:

<p>b. Does the increased rent/utility cost exceed 30% of gross household income? [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>Describe Basis for Conclusion:</p>	

12.

<p>a. Does the file contain evidence that occupant received a payment for moving and related expenses (for moving from their unit and for returning from the temporary unit)? [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.]</p>	<p><input type="checkbox"/> <input type="checkbox"/> Yes No</p>
<p>Describe Basis for Conclusion:</p>	

<p>b. What was the amount of payment for moving and related expenses?</p>
<p>Describe Basis for Conclusion:</p>

<p>c. Was the payment for one move or two moves?</p>
<p>Describe Basis for Conclusion:</p>

d. Was the computation correctly calculated? [49 CFR 24.301 and 49 CFR 24.302]	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Describe Basis for Conclusion:		

13.

Were the following notices personally served or sent registered or certified mail, return receipt requested:			
a. General Information Notice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
b. Notice of Nondisplacement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
Describe Basis for Conclusion:			

14.

a. Was there a written appeal or complaint filed by the occupant?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
b. If the answer to a, above, is "yes," is the occupant a lower-income person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
c. If the answer to b, above, is "yes," was the appeal or complaint also filed with HUD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
d. How was the appeal handled?			
Describe Basis for Conclusion:			

Attachment I: Worksheet for Temporary Housing Costs			
Name of Program Participant:			
Project Name and Number:		Location:	
Name(s) of Reviewer(s)		Date	

Instructions: To calculate the amount of increased housing costs for temporary housing costs in item 10, please complete the following for occupants who moved temporarily.

Increased Housing Costs:			
1. Monthly rent/utilities at property moved to:		\$	
2. Monthly rent/utilities at property moved from:		\$	
3. Line 1 minus line 2 (for negative numbers, use "0")		\$	
4. No. of months of temporary move			_____
5. Line 3 \$_____ x Line 4 _____		\$	_____
Moving Costs:			
6. Amount of moving expenses for Move 1		\$	_____
7. Amount of moving expenses for Move 2		\$	_____
8. Line 6 plus line 7		\$	_____
Storage Costs:			
9. Total storage costs		\$	_____
Deposits:			
10. Gas	\$		_____
11. Electric	\$		_____
12. Cable TV	\$		_____
13. Water/sewer	\$		_____
14. Garbage service	\$		_____
15. Other	\$		_____
16. Add lines 10, 11, 12, 13, 14, and 15		\$	_____
Other Costs:			
Per diem for unit without cooking facilities:			
17.			
\$_____ per adult x No. of adults _____		\$	_____
\$_____ per child under age 12 x. No. of children _____		\$	_____
Total		\$	_____
18. Other costs (itemize)		\$	_____
19. Other costs (itemize)		\$	_____
20. Other costs (itemize)		\$	_____
Add lines 5, 8, 9, 16, 17, 18, 19 and 20 _____			