**GUIDE FORM NOTICE OF PERMANENT DISPLACEMENT**

**RELOCATION ASSISTANCE (SFH – LIHTC ONLY)**

**Must be on Grantee or Agency Letterhead**

***\* This form is a guide and should be revised to reflect the development’s relocation activities. \****

Date:

Resident Name:

Property Address:

City, State, Zip Code:

Dear :

On (*date*) , the (*Developer, Public Housing Authority (PHA), other*), notified you of proposed plans to demolish the property you currently occupy at (*address*) . On (*date*) , the project was approved and will receive funding from the Georgia Department of Community Affairs (DCA) under the Housing Tax Credit program. Construction is expected to begin on (*date*).

It is determined that you will be displaced by the development and are not currently eligible to return after construction is complete. Since you are being displaced because of a state-assisted development, you are eligible for moving and housing payments.

**This is your Notice of Eligibility for relocation assistance.**

**The effective date of your eligibility is** *(the date the Applicant executes the Limited Partnership Agreement) .*

If, later, your circumstances change, you believe you have become eligible, and would like to return, please contact the Relocation Specialist or property management.

(Agency Notice to Vacate Options—choose one:)

1. **Do not need move now.** You will be given advance written notice of the date by which you will be required to move. This date will be **no less than 90 days** from the date comparable replacement housing is made available to you.

OR:

1. This is also your 90-day Notice to Move; you must move no later than (insert date). At least one comparable home to which you may like to move is listed below. Although you are not required to move to this home, you must move to a decent, safe and sanitary replacement dwelling of your choice in order to receive a housing assistance payment. [*If move is arranged by the Relocation Specialist, insert logistics here*]

RELOCATION ASSISTANCE

You can get the following relocation assistance:

Relocation Advisory Services. Including counseling and other assistance to help you find another home and prepare to move.

Security Deposit and Credit Checks. If needed, we can (*advance funds with a repayment plan / cover deposits and receive the return*) for any security deposit and credit check required to rent a decent, safe and sanitary replacement dwelling and for a credit check.

Payment for Moving Expenses. You may choose:

1. Payment for your actual, reasonable moving and related expenses (including refundable or non-refundable utility deposits), or
2. Fixed moving payment in the amount of $ based on the Fixed Residential Moving Cost Schedule, or
3. A combination of both (where reasonable and necessary).

Replacement Housing Payment. You are eligible for a replacement housing payment to rent or buy a replacement home. The payment is based on several factors, including your current housing costs, the cost of a comparable replacement home and your household income. If you ask, we will give you a detailed explanation on how your replacement housing payment was calculated.

RENTAL ASSISTANCE

Listed below are three comparable replacement dwellings that you may wish to consider for your replacement home. If you would like, we can arrange transportation for you to inspect these and other replacement dwellings. For details, see attachment.

Address Rent & Utility Costs Contact Info

1.

2.

3.

We believe that the unit at (*address*) with a monthly rent and utility cost of $ is the most similar to your present home. Our replacement housing payment calculations are made based on this comparable unit. Although you can choose to move to a different location, you must move to a decent, safe and sanitary house to get housing assistance. If you rent a home where the monthly rent and average estimated utility costs are less than $ per month, your rental assistance payment will be based on the actual cost of such unit. Please contact us immediately if you believe the selected unit is not similar to your current home. We can discuss why we chose this and your concerns.

Based on the information you gave about your income and the rent and utilities you now pay, your estimated maximum replacement housing payment is $ (12 x $ ). That is, if you rent the home identified above as the most comparable to your current location or rent another home of equal cost.

Housing payments do not change if there are future rent increases or changes in income. This is the maximum amount that you can receive. If you choose to rent a home where the monthly rent and average estimated utility costs are less than the comparable home, your housing payment will be based on the actual cost of the current unit. All housing payments must be paid in installments. Your payment will be paid in # installments.

DOWNPAYMENT ASSISTANCE

If you choose to buy (rather than rent) a decent, safe, and sanitary replacement dwelling, there are several options which may be of assistance to you. Let us know if you would prefer to buy a replacement home and we will help you find housing that is within your means with your assistance.

You are eligible for a down payment assistance payment, which is equal to your maximum replacement housing payment, $ .

Please note that all replacement housing must be inspected in order to ensure it is decent, safe and sanitary before we can make any housing payments. Payments cannot be made for a house that is not decent, safe, and sanitary. Do not commit yourself to renting or buy a replacement home until we inspect it.

QUESTIONS, RIGHTS, COMPLAINTS

If you have any questions about this letter and your eligibility for relocation assistance and payments, please contact (*name*) , (*title*) using the information listed below. They will assist you with your move and help make sure that you continue to be eligible for all relocation payments. To help you fully participate in the relocation process, reasonable accommodations can be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency. Please let us know if you need auxiliary aides, written translation, oral interpretation, or other assistance to fully participate in the relocation process.

You also have the right to file complaints (grievances) and appeal the determination if you feel that your application for assistance was not properly considered. If you would like to file a grievance or an appeal, please contact us or the Housing Development Relocation Team of the Department of Community Affairs (contact information below).

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| **Important Contact Info** | |
| **Relocation Specialist**  (for questions about relocation, assistance, and to file grievances) | Name:  Mailing Address:  Phone:  Email: |
| **DCA Housing Development Relocation Team**  (to file grievances and appeals) | Online Form: <http://form.jotform.com/82054715249155>  Email: [relocationreview@dca.ga.gov](mailto:compliance@dca.ga.gov) |

Remember, do not move or commit to the purchase or lease of a replacement home before we have a chance to further discuss your relocation assistance.

This letter is important to you and should be kept for your personal records.

Sincerely,

(name & title)