**GUIDE FORM NOTICE OF PERMANENT DISPLACEMENT**

**NON-RESIDENTIAL RELOCATION ASSISTANCE**

**Must be on Grantee or Agency Letterhead**

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

Date:

Tenant Name:

Business/non-profit/farm Name:

Street Address:

City, State, Zip Code:

Dear

On (*date*) , the (*Developer, Public Housing Authority (PHA), other*), notified you of proposed plans to (*acquire, rehabilitate, demolish or convert*) 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 reestablishment 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) .*

**You do not need to move now**.You will be provided with 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 the comparable location has been made available to you.

RELOCATION ASSISTANCE

You can get the following relocation assistance:

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

Payment for Moving and Reestablishment Expenses. You are eligible for:

1. A payment for your actual reasonable moving and related expenses; including payment for reestablishment expenses of up to $10,000; or
2. Fixed moving payment for your actual reasonable and necessary moving and reestablishment expenses. The fixed moving payment ranges from a minimum of $1,000 to a maximum of $20,000 depending on a number of factors.

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 and comfortably participate in the relocation process. \*

You also have the right file to 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 location 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)