**SAMPLE NOTICE OF APPLICATION**

**(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 Name: Unit #

Property Address:

City, State, Zip Code:

Dear :

On (*date*) , the (*Developer, Public Housing Authority (PHA), other*) will apply for funding to redevelop the building that you occupy. This notice is to inform you that if the application is successful, the building will be (*rehabilitated/demolished and reconstructed*) . **This letter is not a Notice to Vacate your unit – please do not move.** If you decide to move now, you may not receive the appropriate assistance and payments.

If funding is approved, you may be eligible to return to your unit (or another suitable unit in the same development) after construction is complete.

A Relocation Specialist is available to answer questions and help with the process:

* You must continue to pay your rent and follow all other lease terms during this time.
* The Specialist will work with you to find suitable, comparable housing and will help determine your eligibility for receiving payments for moving and anyincreased housing costs.
* Please be prepared to answer questions about your income, student status and housing needs. This will determine your eligibility and ensure your housing needs are met.
* You will receive group and individual meeting invitations to discuss plans for the property. Please be sure to attend these meetings to provide feedback, hear about the improvements and ask any questions. .
* Also, feel free to meet with each other privately and discuss ideas you have for the property.

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. 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.

If you feel that your assistance or ability to return was not properly considered, you have the right file concerns and to request a second review by the Relocation Specialist or by Georgia Department of Community Affairs, using one of these methods:

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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) |

This is not a notice to vacate the premises. **Again, please do not to move at this time.**

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

Sincerely,