1378 CHG-6

Appendix 4

GUIDEFORM NOTICE OF NONDISPLACEMENT

TO RESIDENTIAL TENANT

*Grantee or Agency Letterhead*

Date:

Tenant Name:

Apartment Name: Apt. #

Street Address:

City, State, Zip Code:

Dear :

On \_\_\_(date) \_, the \_\_\_\_(City, County, State, Public Housing Authority (PHA), other) , notified you of proposed plans to rehabilitate the property you currently occupy at (address)\_\_\_\_\_\_\_ for a project which could receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program. On \_\_\_\_(date)\_\_\_\_\_, the project was approved and will receive federal funding. Repairs will begin soon.

* **This is a notice of non-displacement**. You will not be required to move permanently as a result of the rehabilitation.

This notice guarantees you the following:

1. Upon completion of the rehabilitation, you will be able to lease and occupy your present apartment or another suitable, decent, safe, and sanitary apartment in the same building/complex under reasonable terms and conditions. \*
2. If you must move temporarily so that the rehabilitation can be completed, you will be reimbursed for all of your extra expenses, including the cost of moving to and from temporary housing and any increased interim housing costs. The temporary unit will be decent, safe, and sanitary, and all other conditions of the temporary move will be reasonable.

Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge you not to move. (If you do elect to move for your own reasons, you will not receive any relocation assistance.) We will make every effort to accommodate your needs. Because federal funding is involved in this project, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. Of course, you must continue to comply with the terms and conditions of your lease.

If you have any questions, please contact:

|  |  |
| --- | --- |
| **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 letter is important to you and should be retained.

Sincerely,

(name and title)

Enclosure

NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3 I of Handbook 1378.)
2. This is a guide form. It should be revised to reflect the circumstances.

*\* Based on the applicable HUD program regulations, if “reasonable terms and conditions,” are defined, one of the following statements or other language may also be required in this Notice:*

1. *Under HOME at 24 CFR 92.353(c)(2)(C)(1): “*Your new lease will be for a term of not less than one year at a monthly rent will remain the same or, if increased, your new monthly rent and estimated average utility costs will not exceed: 1) if you are low income, the total tenant payment as defined by HUD *(under 24 CFR 5.628), or (2)* 30% of the monthly gross household income if you are not low income.”
2. *Under CDBG at 24 CFR 570.606(b)(2)(D)(1):* “Your monthly rent will remain the same or, if increased, your new rent and estimated average utility costs will not exceed 30% of the household’s average monthly gross income.”
3. *Under Section 221 Mortgage Insurance Programs at 24 CFR 221.795(i):* “Your monthly rent and estimated average utility costs will not exceed the amount approved by HUD.”