**GUIDEFORM NOTICE OF MOVING DATE**

**RESIDENTIAL TENANT**

***Must be on Grantee or Agency Letterhead***

Date:

Tenant Name:

Apartment Name: Apt. #

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 and from U.S. Department of Housing and Urban Development (HUD) under the *(HOME/NHTF/CDBG/RAD/other)* program. Construction will begin on (*date*).

**This is your Notice of Moving Date; (*pick one*)**

* **you must vacate your home no later than *(insert date) .***

**OR**

* **moving assistance will arrive at X time on *(insert date) .***

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

**Please contact the Relocation Specialist immediately if you have not received information about your (*temporary/replacement*) housing.** This letter is important to you and should be kept for your personal records.

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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 Specialists**  (to file grievances and appeals) | Online Form: <http://form.jotform.com/82054715249155>  Phone: (800) 359-4663  Email: [relocationreview@dca.ga.gov](mailto:compliance@dca.ga.gov) |

Sincerely,

(name & title)

Enclosure/s

*Remove from Notice before distributing to Tenant*

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 Guideform. It should be revised to reflect the circumstances.