**GUIDEFORM NOTICE OF NONDISPLACEMENT**

**TO BUSINESS/FARM/NONPROFIT 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. Construction is expected to begin on (*date*) .

This is a Notice of Non-Displacement. Though you will have to move out for construction, this will be temporary, and you are guaranteed to return. Do not move yet.

This notice guarantees you the following:

1. Upon construction completion, you will be able to lease and occupy (*your present location/ another comparable location onsite*).
2. Your new rent will be $\_\_\_\_\_\_\_\_\_\_ per month. Utilities will cost $\_\_\_\_\_\_\_\_\_.
3. When you move temporarily, you will be reimbursed for all of your extra expenses, including the cost of moving to and from a temporary site and any increased rent.

If you know that any of the terms do not fit your needs, please contact us immediately.

CHANGES TO EXPECT

If you decide to return to the property after construction is complete, you can expect the following changes to your unit and the property.

* (*Describe changes to the unit)*
* *(Describe changes to the site)*
* Lease terms will (*stay the same, change*). (*If changed, describe here*.)
* Property/Community rules will (*stay the same, change*). (*If changed, describe here.)*

RELOCATION ASSISTANCE

You will move to (*address*) for (*time period*). This is (*describe location*). Your (*anticipated/set*) move date is (*date*). Please contact us immediately if you believe this location is not comparable to your current location or if there is somewhere else you are relocating to. We can explain our basis for selecting this site as most representative of your current location and consider your concerns.

(*If rent and utility costs are higher than current costs, insert* “*The monthly rent and the estimated average monthly cost of utilities for this site is $ and it will be used to calculate your maximum reestablishment payment. Since this cost is higher than your current rent and utility costs, we will cover the increase. You will continue to owe the same amount you currently pay*.”)

You chose to receive moving assistance as (*fixed/actual*) payments. (*Describe moving assistance*.)

If, after moving to this temporary location, you find that it does not fit your needs or you have other issues there, please contact us immediately.

Since you can rent the newly (*rehabilitated/constructed*) location, 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. You must continue to comply with the terms and conditions of your lease.

QUESTIONS, RIGHTS, COMPLAINTS

If you know that any of the above terms do not fit your needs, please contact us immediately.

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 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 Specialists of the Department of Community Affairs (contact information below).

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.

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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)

Attachment/s

* *Brochure "Relocation Assistance to Displaced Businesses, Nonprofit Organizations” (for URA)*

<https://www.hudexchange.info/programs/relocation/publications/>

*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.
2. This is a Guideform. It must be revised to reflect the circumstances.

\* 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.”