

<b>Guide for Review of Relocation of Residential Displaced Person -- Individual Case File</b>			
<b>Name of Program Participant:</b>			
<b>Staff Consulted:</b>			
<b>Project Name and Number:</b>		<b>Funding Source:</b>	<b>Location:</b>
<b>Name(s) of Reviewer(s)</b>		<b>Date</b>	

**NOTE:** All questions that address requirements contain the citation for the source of the requirement (statute, regulation, NOFA, or grant agreement). If the requirement is not met, HUD must make a finding of noncompliance. All other questions (questions that do not contain the citation for the requirement) do not address requirements, but are included to assist the reviewer in understanding the participant's program more fully and/or to identify issues that, if not properly addressed, could result in deficient performance. Negative conclusions to these questions may result in a "concern" being raised, but not a "**finding**."

**Instructions:** This Exhibit is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain residential occupants who are displaced under HUD-assisted projects. (**NOTE:** For review of individual case files for persons temporarily relocated, use Exhibit 25-5.] Generally, the displacement sample shall include completed cases in which payments have been made. However, if necessary to provide a representative sample, other cases may be included. The sample should provide a basis to determine not only whether payments were computed properly and made promptly, but also whether displaced persons received the full range of relocation payments and services to which they were entitled. Cases in which an appeal has been filed or the program participant has determined that a person is ineligible for relocation assistance shall be given a high priority. Following the guidance on the selection of projects to review in the introduction to this Chapter, the sample of cases should include residential tenants and owners, with particular emphasis on lower-income tenants.

**Questions:**

1. Client Information

Provide the following client information:	
Name(s) of Person(s) Displaced:	_____
Telephone Number(s):	_____
Address From Which Displaced:	_____
Address of Replacement Property:	_____
Date of Initial Occupancy:	_____
Date Final Move Completed:	_____
<b>Describe Basis for Conclusion:</b>	

2.

<b>a. Occupant Characteristics</b>	
Check As Appropriate:	Check One:
<input type="checkbox"/> Owner	<input type="checkbox"/> Family
<input type="checkbox"/> Tenant	<input type="checkbox"/> Individual
<b>b. Household Composition</b> (indicate number)	
Adults (lawfully present in U.S.)	_____
Adults (not lawfully present in U.S.)	_____
Children (under 18 & lawfully present in U.S.)	_____
Children (under 18 & not lawfully present in U.S.)	_____
<b>Total</b>	<b>_____</b>
<b>c. Head of Household</b>	
Check One:	Check One:
<input type="checkbox"/> Male	<input type="checkbox"/> Under 65
<input type="checkbox"/> Female	<input type="checkbox"/> 65 and Over
	Check One:
	<input type="checkbox"/> Lawfully present in U.S.
	<input type="checkbox"/> Not lawfully present in U.S.
<b>d. Racial/Ethnic Data</b>	
(Check one or more, if applicable)	
<input type="checkbox"/> Alaskan Native or American Indian	
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> American Indian/Alaskan Native and White	
<input type="checkbox"/> Asian and White	
<input type="checkbox"/> Black/African American and White	
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	
<input type="checkbox"/> Other Multi-racial	
<b>Describe Basis for Conclusion:</b>	

3.

Is there evidence that the displaced person was interviewed to determine his/her relocation needs and preferences and to explain his/her rights and options? (If yes, include date of interview in response below.) [49 CFR 24.205(c)(2)(ii)]	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Describe Basis for Conclusion:</b>		

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4.

a. Is the displaced person’s average monthly gross household income “low-income” as classified by HUD’s Annual Survey of Income Limits for the Public Housing and Section 8 programs?	<input type="checkbox"/> <input type="checkbox"/> <b>Yes      No</b>
b. If the answer to “a” above is “yes,” was the person’s replacement housing payment calculated using the lesser of the following (check one and complete): <input type="checkbox"/> 30% of average monthly gross household income \$ _____ <input type="checkbox"/> Average monthly cost for rent and utilities at the displacement dwelling for a reasonable period prior to displacement \$ _____ [49 CFR 24.402(b)(2)(ii)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes    No    N/A</b>
<b>Describe Basis for Conclusion:</b>	

5.

Does the file contain a written General Information Notice (GIN)? (If yes, include the date of the GIN in response below.) [49 CFR 24.9 and 49 CFR 24.203(a)]	<input type="checkbox"/> <input type="checkbox"/> <b>Yes      No</b>
<b>Describe Basis for Conclusion:</b>	

6.

If the answer to 5 above is “yes,” did the General Information Notice:	
a. Include a description of the program participant’s relocation program? [49 CFR 24.203(a)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes    No    N/A</b>
b. Inform the person that he/she may be displaced for the project and generally describe the relocation payment(s) for which he/she may be eligible? [49 CFR 24.203(a)(1)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes    No    N/A</b>
c. Inform the person that he/she will be given reasonable relocation advisory services, including referrals to replacement properties, help in filing payment claims, and other necessary assistance to help the person successfully relocate? [49 CFR 24.203(a)(2)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes    No    N/A</b>
d. Inform the person that he/she will not be required to move without at least 90 days advance written notice and that he/she cannot be required to move permanently unless at least one comparable replacement dwelling has been made available? [49 CFR 24.203(a)(3)]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes    No    N/A</b>

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<p>e. Inform the person that any person who is an alien not lawfully present in the United States is ineligible for relocation advisory services and relocation payments, unless such ineligibility would result in exceptional and extremely unusual hardship to a qualifying spouse, parent, or child? [49 CFR 24.203(a)(4)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes No N/A</b></p>
<p>f. Describe the person’s rights to appeal the program participant’s determination as to his/her application for assistance? [49 CFR 24.203(a)(5)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes No N/A</b></p>
<p>g. Include the pertinent HUD information booklet(s) or the equivalent?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes No N/A</b></p>
<p><b>Describe Basis for Conclusion:</b></p>	

7.

<p>Does the file contain a Notice of Eligibility for Relocation Assistance? (If yes, include date of Notice of Eligibility in response below.) [49 CFR 24.9 and 49 CFR 24.203(b)]</p>	<p><input type="checkbox"/> <input type="checkbox"/> <b>Yes No</b></p>
<p><b>Describe Basis for Conclusion:</b></p>	

8.

<p>If the answer to question 7 above is “yes,” does the Notice of Eligibility:</p>	
<p>a. Inform the person of his/her eligibility for relocation assistance effective on the date of the initiation of negotiations?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes No N/A</b></p>
<p>b. If the answer to question 7 above is “yes,” does the Notice of Eligibility adequately describe the assistance, the estimated amount of assistance and the procedures for obtaining the assistance?</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes No N/A</b></p>
<p>c. If the answer to question 7 above is “yes,” does the Notice of Eligibility identify the specific comparable replacement dwelling and the rent/utility costs used for establishing the upper limit of the replacement housing payment? (Include, in response below, the cost of comparable replacement dwelling monthly rent/utility costs or proposed sale price used to establish replacement housing payment.)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Yes No N/A</b></p>

d. If the answer to question 7 is “yes,” did the Notice of Eligibility correctly explain to the person the moving expense choices that were available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**Describe Basis for Conclusion:**

9.

How many referrals were made to comparable replacement dwellings?  
[49 CFR 24.204 and 49 CFR 24.403(a)(1)]

**Describe Basis for Conclusion:**

10.

Was a 90-day notice issued? (If yes, include date of 90-day notice in response below.) [49 CFR 24.203(c)(1)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Describe Basis for Conclusion:**

11.

If the 90-day notice did not state a specific day as the earliest date by which the occupant would be required to move, was a 30-day vacate notice issued? (If yes, include date of 30-day notice in response below.) [49 CFR 24.203(c)(3)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**Describe Basis for Conclusion:**

12.

Does the file contain evidence that advisory services were provided in accordance with 49 CFR 24.205(c)? [49 CFR 24.9]	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Describe Basis for Conclusion:</b>  		

13.

Does the file contain evidence that the displaced person received a payment for moving and related expenses? (If yes, include date of final payment in response below.) [49 CFR 24.9]	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Describe Basis for Conclusion:</b>  		

14.

If the answer to question 13 above is "yes":		
a. What type of moving and related expenses payment was made: <input type="checkbox"/> Actual Expenses? <input type="checkbox"/> Fixed Payment? <input type="checkbox"/> Self-Move (may be combination) [49 CFR 24.301]                      [49 CFR 24.302]                      [49 CFR 24.301(b)(2)]		
b. What was the amount of payment for moving and related expenses? _____		
c. What was the date of final payment? _____		
d. Was the computation correct?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Describe Basis for Conclusion:</b>  		

15.

Does the file contain evidence that, before making a replacement housing payment or releasing the initial payment from escrow, the following units were inspected to determine they were decent, safe and sanitary: [49 CFR 24.205(c)(2)(ii)(C) and 49 CFR 24.403(b)]	
a. Comparable replacement unit (prior to referral)? _____	<input type="checkbox"/> <input type="checkbox"/> Yes No
b. Actual replacement unit? _____	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

16.

Does the file contain evidence that the displaced person received a replacement housing payment? [49 CFR 24.9 and 49 CFR 24.401-24.404, as applicable]	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

17.

If the answer to question 16 above is "yes":	
a. What date was the Replacement Housing Payment Claim Filed? _____	
b. What was the amount claimed? _____	
c. What date was the claim paid? _____	
d. What was the amount paid? _____	
e. Was the replacement housing payment accurate? (Complete Attachment I Worksheet to respond to this question or attach copy of claim form.)	<input type="checkbox"/> <input type="checkbox"/> Yes No
<b>Describe Basis for Conclusion:</b>	

18.

Were the following Notices personally served or sent registered or certified mail, return receipt requested: [49 CFR 24.5]			
a. General Information Notice? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
b. Notice of Eligibility? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
c. 90-Day Notice (as applicable)? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
d. 30-Day Notice to Vacate? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Describe Basis for Conclusion:</b>   			

19.

a. Was the displaced person advised of his/her rights under the Fair Housing Act?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>
<b>Describe Basis for Conclusion:</b>   		
b. If the comparable replacement dwelling to be provided to a displaced person who is a minority was located in an area of minority concentration, was the displaced person also given referrals to comparable not located in such area?	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>
<b>Describe Basis for Conclusion:</b>   		

c. Did the reviewer learn of any other issues that may be of interest to FHEO?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Describe Basis for Conclusion:</b>		

20.

If a written appeal or complaint was filed by the displaced person, did the program participant promptly review the appeal in accordance with the requirements of 49 CFR Part 24 and/or 24 CFR 42.390? (If yes, describe issue raised and program participant's conclusion.) [49 CFR 24.10]	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Describe Basis for Conclusion:</b>		

## Relocation and Real Property Acquisition

<b>Attachment I: Worksheet for Replacement Housing Payment</b>	
<b>Name of Program Participant:</b>	<b>Project Name/Number:</b> <b>Location:</b>
<b>Name of Reviewer:</b>	<b>Date Form Completed:</b>

**Instructions:** Complete this worksheet to answer question 17.e of this Exhibit. “CRD” means “Comparable Replacement Dwelling” and “MRU” stands for “Monthly Rent Plus Utilities.”

**A. Uniform Relocation Act**

<b>180-Day Homeowner Payment</b>	<b>Rental Assistance Payment</b>	<b>Downpayment Assistance</b>
1. Cost of replacement dwelling or CRD, whichever is less: \$ _____	1. MRU of replacement dwelling or CRD, whichever is less: \$ _____	1. MRU of CRD: \$ _____
2. Cost of displacement dwelling: \$ _____	2. MRU of displacement dwelling (For low-income enter MRU of displacement dwelling or 30% of income, whichever is less): \$ _____	2. MRU of Displacement Dwelling (For low-income enter MRU of displacement dwelling or 30% of income, whichever is less): \$ _____
3. Price Differential (Subtract Line 2 from Line 1): \$ _____	3. Monthly Need (subtract line 2 from line 1): \$ _____	3. Monthly need (subtract line 2 from line 1): \$ _____
4. Mortgage Interest Differential: \$ _____	4. Line 3 x 42: \$ _____	4. Line 3 x 42: \$ _____
5. Add lines 3 + 4: \$ _____		

**B. Section 104(d)**

<b>Sec. 8 Housing Choice Voucher and/or Cash Assistance Provided</b>	<b>Section 8 Housing Choice Voucher Accepted</b>	<b>Purchase Assistance</b>
1. MRU of replacement dwelling, or CRD, whichever is less: \$ _____	1. Security Deposit: \$ _____	1. MRU of CRD: \$ _____
2. Voucher subsidy (if none enter “0”): \$ _____	2. Reimbursement for credit check: \$ _____	2. TTP: \$ _____
3. Out-of-pocket cost (subtract line 2 from line 1): \$ _____	3. Gap/monthly need:* \$ _____	3. Monthly need (subtract line 2 from line 1): \$ _____
4. Total Tenant Payment (TTP): \$ _____	4. Line 3 x 60: \$ _____	4. Capitalized value of 60 monthly installments of amount on line 3: \$ _____
5. Monthly need (subtract line 4 from line 3. If less than “0,” skip line 6): \$ _____	5. Add lines 1+2 + 4: \$ _____	5. Reimbursement for credit check: \$ _____
6. Line 3 x 60: \$ _____	* <b>NOTE:</b> If tenant was referred to a comparable unit for which the MRU exceeds the subsidy amount plus TTP, a cash rental assistance payment must be made. Such cash rental assistance payment must be made in installments.	6. Add lines 4 +5: \$ _____
7. Security Deposit: \$ _____		
8. Reimbursement for credit check: \$ _____		
9. Add lines 6 + 7 + 8: \$ _____		