

**Commonwealth of Virginia Department of Housing and Community Development
Housing Division
Affordable and Special Needs Housing Appendix**

Relocation Assessment – Supplemental Appendix

This supplemental appendix is required by the Commonwealth of Virginia when an owner/developer has applied for funds to acquire or rehabilitate a project that has current, occupied housing units or other portions of the property. It is designed to identify all occupants (residential and non-residential) in the property to determine the feasibility of the project. Full and complete information will assist in the evaluation of the application. If you have any questions or need assistance with the supplemental appendix, please contact Kevin Hobbs at (804) 371-7120.

The Commonwealth of Virginia will use this information to determine the potential impact that the proposed project will have on occupants, and to determine the possible relocation requirements (either temporary or permanent) for the project. Additionally, this information is necessary to demonstrate compliance with the Uniform Relocation and Real Property Policies Act of 1970, as amended, (URA).

Please complete all sections of the supplemental appendix.

The Commonwealth of Virginia, in compliance with the URA, requires that evidence of the delivery of the notices described in Section II – General Information Notice – Residential Occupants and Section XII – General Information Notice – Non-residential Occupants must be included as an attachment with this submission. This includes: all residential tenants who are legally in project units at the time of the project application, all businesses that may be renting space to operate (including “home businesses” that sell goods or services) and any non-profit organization on-site.

Once we have determined the number of legal residents and non-residential organizations who may be temporarily or permanently relocated, we will factor this information into the determination of project approval or denial.

Section I. Project Summary:

Developer Name:
Relocation Coordinator(s) Name:
Relocation Coordinator's Address:
Relocation Coordinator's Phone Number:
Relocation Coordinator's Fax Number:
Relocation Coordinator's Email Address:

Description of Project:
Project Address:
Total Number of Units:
Number of Occupied Units:
Number of Vacant Units:
Current Unit Mix (number of occupied and vacant units based on bedroom size):
Size of Site:
Activity Type(s): for example, acquisition with or without rehabilitation, or rehabilitation only.

Description of Relocation Needs: *(Please describe how the current occupants will be affected by the proposed project, including information obtained from the survey regarding who is eligible to stay and who needs to move from their unit, post project due to income or legal resident status restrictions.)*

Estimated Start Date of both Permanent and Temporary Relocation Moves:

Section II. General Information Notice

All residential and non residential occupants must be provided a “*General Information Notice*” prior to the submission of the application for assistance to the Commonwealth of Virginia (See Attachment 1: Sample General Information Notice – Residential Occupant). Applicant must provide evidence of delivery (registered, certified or hand delivered) of this notice.

Section III. Resident Survey

All households must be surveyed to determine any relocation needs. This survey will establish requirements for either temporary or permanent relocation requirements. (See Attachment 2: Sample Resident Survey). The survey is required to be completed prior to acquisition.

List, in summary form, details of resident surveys conducted.

Section IV. Relocation Destinations

List anticipated relocation destinations of current residents in the following chart:

| Replacement Housing | Number of Relocation to Each Housing Type | | | |
|----------------------------------|---|------|------|-------|
| | 1 BR | 2 BR | 3 BR | TOTAL |
| Vacant units onsite | | | | |
| Vacant units in other properties | | | | |
| Homeownership | | | | |
| Other Housing Options | | | | |
| TOTAL | | | | |

Identify developments available for relocation in the following chart:

| Development | 1 BR | 2 BR | 3 BR |
|--------------------|------|------|------|
| | | | |
| | | | |
| | | | |
| Unit Totals | | | |

Are any of the proposed relocation units located outside the project locality? <Y/N>

If yes, please describe:

Section V. Number of Households to be Displaced

List the number of households to be displaced. Household characteristics to include:

- Unit size
- Income by household
- Tenure by household
- Resident age by occupant
- Household size
- Sex by occupant
- Persons with disabilities
- Ethnicity by occupant
- Race by occupant
- Other pertinent household information (households with car, with pet, etc.)

Section VI. Temporary Move Assistance

The provisions for “temporary relocation” under the URA allow that a resident may be moved for a short period of time (*less than one year*) to allow their unit to be rehabilitated, or because an emergency situation exists which is a threat to their health or safety. It is important to understand that all provisions of temporary relocation *must be reasonable*. All out of pocket moving costs and related expenses must be paid for by the project. If at any time, the terms and conditions of a temporary move are deemed unreasonable, the affected household may be considered eligible for relocation benefits under the URA.

Include a detailed description of any temporary move assistance that applies to the project. This description should include the number of residents to be temporarily relocated, where the temporary units are located, how resident temporary moves will be conducted, how the projects proposed rehabilitation will be phased to minimize tenant disruption, and the relocation coordinator overseeing the entire process. Also include a plan for how the temporary move costs will be paid. Residents who will not be permanently displaced from the project must be given a *Notice of Nondisplacement** and a *Notice of Temporary Relocation**.

* Once the project receives preliminary approval (DHCD approval), the Commonwealth of Virginia DHCD staff will provide samples of these notices.

Section VII. Permanent Move Assistance

Residents who are to be displaced from the project will be given a *Notice of Eligibility for Relocation Assistance** that will discuss their eligibility for assistance under the URA. Residents will be cautioned not to move until they receive this notice. This notice will be provided to each resident or non-residential tenant by the developer/owner as soon as possible once the loan agreement or other project agreements are executed (initiation of negotiation).

The developer will not require any residential household to move unless at least one (where possible, three or more) comparable replacement dwelling unit is made available at least 90 days before the required move. *All affected households must be provided 90 days written advance notice before the required move after they have been provided with the address of at least one comparable, available unit.*

* Once the project receives preliminary approval (DHCD approval), the Commonwealth of Virginia DHCD staff will provide samples of these notices.

Section VIII. Resident Preferences

List, in summary form, all resident preferences as detailed in the resident survey described in Section III of this appendix.

Section IX. Relocation Resources and Services

List the resources and advisory services available to assist displaced households.

Section X. Off-Site Acquisition and/or Relocation

Describe plans (if any) to acquire off-site property as part of the project and/or describe plans to handle off-site displacement of households.

Section XI. Overcoming Potential Impediments to Relocation

Describe any identified challenges to the successful relocation of displaced households.

Section XII. Non-Residential Occupants

Please provide a list of any non-residential occupants (retail, office, storage or other) currently occupying the building, the square footage under the lease, and any other specific or unique features regarding their occupancy, including utility and communication connections or access requirements (secure entry, loading dock, etc.).

All non-residential occupants must be provided a “*General Information Notice*” prior to the submission of the application for assistance to the Commonwealth of Virginia. (Attachment 3: Sample General Information Notice – Non-residential Occupant). Applicant must provide evidence of delivery (registered, certified or hand delivered) of this notice.

Section XIII. Relocation Costs

Below is a budget that indicates the projected costs for each element of the planned relocation.

| | |
|--|----|
| URA Relocation Move (including moving costs and utilities) | \$ |
| Non-URA Return Move (optional – including moving costs and utilities) | \$ |
| URA Temporary Move (less than 1 year including moving costs and utilities) | \$ |
| Security Deposits and other initial occupancy payments | \$ |
| Off-Site Acquisitions and Moves (if any): - Property Acquisition(s) \$ _____ - Non-Residential Moves at \$ _____ per move - Tenant Moves (replacement housing and physical move costs) at \$ _____ per move | \$ |
| Relocation program administration, counseling | \$ |
| Increases in monthly relocation housing costs over 42 months (URA) (or 60 months-104 (d)) | \$ |
| Contingency (commonly 10% of total budget) | \$ |
| Total | \$ |
| Source of Funds: | \$ |
| Source of Funds: | \$ |
| Source of Funds: | \$ |
| TOTAL | \$ |
| Estimate of Physical Moving Costs and Utility Relocation Costs | |
| Of _____ resident households required to move, _____ will be moved at \$ _____ each for a total of: | \$ |
| A one-time move into another unit in the same development: _____ will be moved at \$ _____ each for a total of: | \$ |
| Two moves within the same project: _____ will be moved at \$ _____ each for a total of: | \$ |
| One move to a unit at another assisted development and then a return move back to the site: _____ will be moved at \$ _____ each for a total of: | \$ |
| One permanent move to another assisted development: _____ will be moved at \$ _____ each for a total of: | \$ |
| One move into a unit in the private market: _____ will be moved at \$ _____ each for a total of: | \$ |
| Physical moving costs and utility costs (all moves) | \$ |

Section XIV. Resident Participation

Describe activities involving residents in relocation planning, including consultation with residents and/or resident council. Describe what actions will be taken to ensure effective communication with residents (1) who need services and information in languages other than English and (2) with disabilities.

Section XV. Relocation Recordkeeping and Notice

Describe recordkeeping plans and how notices will be delivered.

NOTE: All requested information, including the requirements in Section II - “General Information Notice” – Residential Occupants and Section XII – “General Information Notice” – Non-residential Occupants must be included with the application submission to the Commonwealth of Virginia DHCD.

ATTACHMENT #1

SAMPLE

**GENERAL INFORMATION NOTICE
(Residential Occupant)**

(Applicant/Developer Letterhead)

General Information Notice

___ (date)_____

(Resident name)
(Address)
(Apartment XXX)
Any town, VA

Dear (Resident)_____:

This shall serve to inform you that, (Developer/Applicant/Owner name here) is submitting an application to the Commonwealth of Virginia to acquire and/or renovate the (building/development name here). Some of the funds for this project may be provided by the U. S. Department of Housing and Urban Development (HUD) through the Commonwealth of Virginia to assist us to carry out our project. Our plans are to do the following:

(insert brief description of proposed acquisition, renovations and/or new construction, keeping information simple and straightforward)

Because Federal funds may be used in the proposed project, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended.

We urge you not to move now.

As we need tenant information for application, a representative of (Developer/Applicant/Owner name here) will be contacting you to meet and discuss how the project may affect you, and your future occupancy needs. You can be sure that we will make every effort to accommodate your needs. Shortly, we will begin the process of meeting with occupants individually to determine their needs. We will work with all occupants to fully understand the proposed project and provide information regarding how the proposed project may affect you.

After we meet with individual occupants, we will be in a position to better determine if you may have the opportunity to remain in the project once work is completed. Even if you are able to remain in the project after work is completed, you may be required to move temporarily. If you are asked to move temporarily, suitable housing will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses, including all moving costs and any increase in housing costs.

The URA requires that all legal tenants in a HUD-assisted project be provided with the opportunity to lease and occupy a suitable, decent, safe and sanitary unit in the building upon completion of the project. If you are able to continue to occupy a unit in the building, your initial rent,

including the estimated average monthly utility costs, will not exceed the greater of (a) your current rent and average tenant paid utility costs, or (b) 30 percent of your adjusted household income (for example after adjustments are made for dependents or necessary child care). Of course, you must comply with standard lease terms and conditions.

However, if you are required to move permanently to another location, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. **However, do not move now. This is NOT a notice to vacate the premises.** You are urged not to move or sign any agreement to purchase or lease a new unit before meeting with us and receiving a formal notice of your eligibility for relocation assistance. If you move or are evicted by due process of the Commonwealth of Virginia courts, before receiving a notice to move, you may not receive any relocation assistance. Please contact us immediately before you make any moving plans.

If you must move permanently, you will be eligible for relocation assistance, along with advisory services, which includes referrals to comparable replacement housing, payment for moving expenses, and at least 90 days advance written notice of the date you will be required to move.

You should continue to pay your monthly rent and to comply with your lease terms and conditions since failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance **(If you do elect to move for reasons of your choice, you will not be provided relocation assistance.)**

Again, this is **NOT** a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance.

Again, we urge you not to move now.

This letter is important and you should keep it. We will continue to advise tenants of the outcome of our application for assistance. You will be contacted by a representative of (Developer/Applicant/Owner name here). In the meantime, if you have any questions about our plans, please contact: (name) _____, _____ (title) _____, at (phone) _____,

Phone # for the Hearing Impaired _____

Sincerely,
(name)
(title)

ATTACHMENT #2
SAMPLE RESIDENT SURVEY FORM
(To be completed for each residential household.)

PROJECT NAME:

DATE:

| | | | |
|---|-------------------------------|--------------------------|----------------------|
| Name: | | Apt. Address: | |
| Property: | | | |
| Number of Bedrooms: | | Current rent: \$ /month | Utilities: \$ /month |
| Rental Assistance: Housing Grants Section 8 Other | | Section 8: Yes No | Other: |
| Date first moved to property: Month: Year: | | | |
| Month to month lease Yes No | Long term Lease Yes No | Expiration Date: | |

1. Complete the chart below with the name, age, sex, relationship to Head of Household (HOH), employment, gross annual wages, or other income for each person who occupies this unit.

| | Name | AGE | SEX | Relationship to Head of Household | Type and Location of Employment | Wages/ Salaries | Benefits/ Pension | Other Income |
|-----|------|-----|-----|-----------------------------------|---------------------------------|-----------------|-------------------|--------------|
| HOH | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| | | | | | TOTAL | | | |

2. List all assets and annual income from sources other than wages for all members of the household who receive this kind of income. Include retirement, pensions, insurance, 401(k), CDs, money market funds, commissions, interest, dividends, Social Security, SSI Disability, TANF, scholarships and other income.

| RES. #. | NAME | TANF | SOCIAL SECURITY | PENSION (LIST) | DISABILITY (LIST) | INTEREST/DIVIDENDS | OTHER (SPECIFY) | TOTAL ANNUAL NON-WAGE INCOME |
|---------|------|------|-----------------|----------------|-------------------|--------------------|-----------------|------------------------------|
| HOH | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

TOTAL COMBINED INCOME: \$ _____
AREA MEDIAN INCOME FOR HOUSEHOLD SIZE (%) _____

3. What is your racial group and ethnicity? We need to know this for statistical purposes.

Ethnicity (select *only one*)

Hispanic or Latino _____
Not Hispanic or Latino _____

Race (select *one or more*)

American Indian or Alaska Native _____
Asian _____
Black or African American _____
Native Hawaiian or Other Pacific Islander _____
White _____

4. What language do you speak in your home? _____

5. Do you or someone in your household speak/read English? Y _____ N _____

6. Is there any information that you can provide that will enable us to better serve your housing needs?
(disability, i.e. mobility, visual or hearing impairment)

7. Do you have any pets in the household? Y _____ N _____

If Yes, describe _____

8. If offered the opportunity, would you like to continue to live here? Y _____ N _____

9. Do you own a car? Y _____ N _____

10. Do you use public transportation regularly Y _____ N _____
Type _____

11. If you were to move, do you have any preference where? _____

12. Are there any issues or concerns that you would like to add regarding your apartment?

13. We may need to contact you again to ask additional questions:

Home Phone: _____ Work Phone: _____

SURVEYORS USE ONLY:

Name: _____ Date Surveyed: _____

Overcrowded: Yes ____ No ____ Obvious Health & Safety Conditions: Yes ____ No ____

Comments:

| <i>Attempts:</i> | <i>Date</i> | <i>Time</i> | <i>Comment</i> |
|------------------|-------------|-------------|----------------|
|------------------|-------------|-------------|----------------|

| | | | |
|-----------------------------|-------|-------|-------|
| <i>1st</i> _____ | _____ | _____ | _____ |
|-----------------------------|-------|-------|-------|

| | | | |
|-----------------------------|-------|-------|-------|
| <i>2nd</i> _____ | _____ | _____ | _____ |
|-----------------------------|-------|-------|-------|

| | | | |
|-----------------------------|-------|-------|-------|
| <i>3rd</i> _____ | _____ | _____ | _____ |
|-----------------------------|-------|-------|-------|

Call: _____

Reschedule: _____

ATTACHMENT #3

SAMPLE

**GENERAL INFORMATION NOTICE
(Non-residential Occupant)**

(Applicant/Developer Letterhead)

General Information Notice

___ (date)_____

(Occupant/Business name)
(Address)
Any town, VA

Dear (Resident)_____:

This shall serve to inform you that, (Developer/Applicant/Owner name here) has submitted an application to the Commonwealth of Virginia to acquire and/or renovate the (building/development name here). Some of the funds for this project may be provided by the U. S. Department of Housing and Urban Development (HUD) through the Commonwealth of Virginia to assist us to carry out our project. Our plans are to do the following:

(insert brief description of proposed acquisition, renovations and/or new construction, keeping information simple and straightforward)

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After we meet with individual occupants, we will be in a position to better determine if you may have the opportunity to remain in the project once work is completed. Even if you are able to remain in the project after work is completed, you may be required to move temporarily. If you are asked to move temporarily, suitable space will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses, including all moving costs.

However, if you are required to move permanently to another location, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. **However, do not move now. This is NOT a notice to vacate**

the premises. You are urged not to move or sign any agreement to occupy new space before meeting with us and receiving a formal notice of your eligibility for relocation assistance. If you move or are evicted by due process of the Commonwealth of Virginia courts before receiving a notice to move, you may not receive any relocation assistance. Please contact us immediately before you make any moving plans.

If you must move permanently, you will be eligible for relocation assistance, along with advisory services, which includes referrals to comparable replacement space, reimbursement for moving expenses, and at least 90 days advance written notice of the date you will be required to move.

You should continue to pay your monthly rent and to comply with your lease terms and conditions since failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance. **(If you do elect to move for reasons of your choice, you will not be provided relocation assistance.)**

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Again, we urge you not to move now.

This letter is important and you should keep it. We will continue to advise tenants of the outcome of our application for assistance. You will be contacted by a representative of (Developer/Applicant/Owner name here). In the meantime, if you have any questions about our plans, please contact: (name) _____, _____ (title) _____, at (phone) _____.

Phone # for the Hearing Impaired _____

Sincerely,
(name)
(title)