GUIDEFORM GENERAL NOTICE RESIDENTIAL TENANT THAT WILL NOT BE DISPLACED

Grantee or Agency Letterhead

Dear:
Deal
On <u>(date)</u> , <u>(property owner)</u> , submitted an application to the for financial assistance to rehabilitate the building which you occupy at
(address)
This notice is to inform you that, if the assistance is provided and the building is rehabilitated, you will <u>not</u> be displaced. Therefore, we urge you <u>not to move</u> anywhere at this time. (If you do elect to move for reasons of your choice, you will not be provided relocation assistance.
If the application is approved that Federal assistance is provided for 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) upon completion of the rehabilitation. Of course, you must comply with standard lease terms and conditions.
After the rehabilitation, your initial rent, including the estimated average monthly utility costs, will not exceed the greater of (a) your current rent/average utility costs, or (b) 30 percent of your average monthly gross household income. If you must move temporarily so that the rehabilitation can be completed, 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.
Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.
This letter is important and should be retained. You will be contacted soon. In the meantime, if you have any questions about our plans, please contact:(name),(title), at
Sincerely,
(name and title)
NOTE: 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. This is a guide form. It should be revised to reflect the circumstances.