# Appendix F: Relocation & Real Property Acquisition

Introduction

Checklist F1: Guide for Review of Relocation and Real Property Acquisition Policies and Procedures

Checklist F2: Guide for Review of Relocation and Real Property Acquisition Projects

Checklist F3: Guide for Review of Relocation of Residential Displaced Person – Individual Case File

F3 Attachment 1: Worksheet for Replacement Housing Payment

Checklist F4: Guide for Review of Relocation of a Non-Residential Occupant -- Individual Case File

Checklist F5: Guide for Review of Relocation of Residential Occupant Not Displaced or Temporarily Displaced -- Individual Case File

F5 Attachment 1: Worksheet for Temporary Housing Costs

Checklist F6: Guide for Review of Non-Residential Occupant Not Displaced or Temporarily Displaced -- Individual Case File

Checklist F7: Guide for Review of Real Property Acquisition

F7 Attachment 1: Guidelines for Monitoring Review of Appraisals

## Introduction

This Appendix is to be used for monitoring compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA), section 104(d) of the Housing and Community Development Act of 1974 (section 104(d)), and related relocation program requirements in HUD-assisted housing and community development programs.

Relocation and real property acquisition in federally- assisted programs and projects are subject to the requirements of the URA. The displacement of any lower-income person as a direct result of the demolition of any housing unit or the conversion of an occupied or vacant occupiable lower- income dwelling unit to a use other than lower-income housing in connection with a Community Development Block Grant (CDBG) program or project is subject to the requirements of section 104(d).   
  
The sample of cases should include tenants and owners, both residential and nonresidential cases, with particular emphasis on low-income persons and persons with disabilities. Checklists F1 and F2 should be completed for all reviews. Checklists F3, F4, F5, F6 and F7 should be used as applicable.



## Checklist F1: Guide for Review of Relocation and Real Property Acquisition Policies and Procedures

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored Entity'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 Checklist is designed to monitor compliance with policies and procedures governing implementation of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and section 104(d) of the Housing and Community Development Act of 1974.

**NOTE:** Use Guide for Review of Relocation and Real Property Acquisition Activities of State CDBG Grantees for State-Administered Programs. One Checklist should be completed for each Monitored Entity being reviewed.

When making findings, the reviewer should cite not only the URA regulations, but also the appropriate program regulation. Program-specific relocation citations for the State CDBG Program are found at 24 CFR 570.488/570.606.

**Questions:**

|  |
| --- |
| What is the date of the last monitoring review, if applicable? |
| **Describe Basis for Conclusion:** |
|  |

2.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are there outstanding relocation/real property acquisition findings, if applicable? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

3.

|  |
| --- |
| How many properties were acquired for a CDGB-DR-assisted project(s) during the last 3 years (or since the last review, if more recent)? (Include number of properties in response below.) |
| **Describe Basis for Conclusion:** |
|  |

4.

|  |
| --- |
| How many occupied properties have been rehabilitated in the last 3 years (or since the last review, if more recent)?  Total No. of Units:  No. of Tenant-Occupied Units:  No. of Owner-Occupied Units: |
| **Describe Basis for Conclusion:** |
|  |

5.

|  |
| --- |
| How many units were demolished for a HUD-assisted project during the last 3 years (or since the last review, if more recent)?  Total No. of Units:  No. of Vacant Units:  No. of Occupied Units:  No. of Owner-Occupied Units:  No. of Tenant-Occupied Units: |
| **Describe Basis for Conclusion:** |
|  |

6.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Of the Monitored Entity’s files reviewed, do they contain evidence of its assurances that it will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA), if applicable?  [49 CFR 24.4] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

7.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do the Monitored Entity’s files reviewed during this monitoring contain evidence that it has in effect and is following a residential antidisplacement and relocation assistance plan, if applicable? [CDBG: 570.606(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has the Monitored Entity clearly designated staff responsible for compliance with pertinent rules and regulations? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

9.

|  |  |  |
| --- | --- | --- |
| Provide the name(s), telephone number(s) and e-mail address(es) of the Monitored Entity’s staff persons responsible for: | | |
| a. Assistance to Persons Not Displaced: | | |
|  |  |  |
|  | Name | Telephone No. |
|  |  | |
|  | E-Mail Address | |
| b. Relocation Assistance to Displaced Persons: | | |
|  |  |  |
|  | Name | Telephone No. |
|  |  | |
|  | E-Mail Address | |
| c. Real Property Acquisition: | | |
|  |  |  |
|  | Name | Telephone No. |
|  |  | |
|  | E-Mail Address | |
| **Describe Basis for Conclusion:** | | |
|  | | |

10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the Monitored Entiy have copies of current rules, regulations and technical guidance materials? (Briefly describe, in response below, the materials, e.g., statute, regulations, notices, informational brochures, fixed moving cost schedule, Fair Market Rent schedule, low-income limits, appraisal contract form, guide form deed, amortization tables, technical guides.) | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

11.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the Monitored Entity have an acquisition/relocation procedural manual? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

12.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do the Monitored Entity’s files contain an electronic or hard copy of its local housing codes and occupancy standards? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

13.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the Monitored Entity employ consultants or contractors for carrying out relocation or real property acquisition activities? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |
| --- |
| What is the Monitored Entity’s process for monitoring consultants and contractors?  Check here if not applicable |
| **Describe Basis for Conclusion:** |
|  |

15.

|  |
| --- |
| Who maintains the Monitored Entity’s relocation and real property acquisition records?  Name:       Telephone No.: |
| **Describe Basis for Conclusion:** |
|  |

16.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the Monitored Entity have in place an appeals/complaints process?  [49 CFR 24.10] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

17.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the Monitored Entity provides optional relocation assistance, has an Optional Relocation Policy been adopted, if applicable? (Briefly describe, in response below, the instructions to recipients for policies governing optional relocation programs or attach a copy.) [24 CFR 92.353(d) or 24 CFR 570.606(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

18.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the Monitored Entity distribute replacement housing payments (for renters) on a monthly, yearly, or other installment period?  [42 U.S.C. Sec. 3537c]  **NOTE**: The above law may be implemented in a HUD regulation, NOFA, grant agreement, HAP, or other agreement. See 24 CFR 42.350(e)(1) for programs subject to section 104(d) of the Housing and Community Development Act of 1974. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

19.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do the project files contain Relocation Plans, if applicable? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

20.

|  |
| --- |
| What are the Monitored Entity’s technical assistance and training needs, if any? |
| **Describe Basis for Conclusion:** |
|  |

21.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the Monitored Entity taken appropriate measures to minimize any fraud, waste or mismanagement?  [49 CFR 24.4(c))] | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **Yes** | **No** | **N/A** |  |  | |
| **Describe Basis for Conclusion:** | |
|  | |

## Checklist F2: Guide for Review of Relocation and Real Property Acquisition Projects

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored Entity’'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 Checklist is designed to monitor projects subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and section 104(d) of the Housing and Community Development Act of 1974. One copy of this Checklist should be completed for each project reviewed.

**Questions:**

1.

|  |
| --- |
| What is the date of submission of the application for Federal financial assistance, or the date of site control, if later? |
| **Describe Basis for Conclusion:** |
|  |

2.

|  |
| --- |
| Pursuant to 49 CFR 24.2(a)(15), what is the date of “initiation of negotiations”?  [For privately undertaken displacing activities, consult applicable program regulation]] |
| **Describe Basis for Conclusion:** |
|  |

3.

|  |  |
| --- | --- |
| What activities are being monitored: | |
| a. Acquisition (including Downpayment Assistance)? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Conversion? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| c. Demolition? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| d. Rehabilitation? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

4.

|  |  |
| --- | --- |
| Will the activity(ies) trigger: | |
| a. URA requirements? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Section 104(d) requirements? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

5.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the project file contain a Relocation Plan, if applicable? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

6.

|  |  |
| --- | --- |
| Does the project file contain an occupant roster, current at the time of the application, including all of the following information? (If no current roster is available, indicate below the reason, the date of the latest roster, or whether something other than a roster was used.) | |
| a. Resident Name? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Household Size (if applicable)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. Household Income (if applicable)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. Unit Size? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| e. Rent/Utility Cost? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

7.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the project file contain an occupant list from at least three months prior to the date of application? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does a comparison of the occupant lists from the time of application and at least three months prior suggest that displacement may have occurred? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

9.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the project file contain an explanation of the reasons any persons vacated between application and initiation of negotiations? (Include the names of persons who moved out without receiving notices or assistance below.) | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the project file contain a copy of a Move-In Notice for all new occupants that moved into the project since application? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

11.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If applicable, does the project file contain an occupant list current at the time of the signing of the final grant or loan agreement? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

12.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the project file contain a final occupant list and an explanation of any household who moved out that was intended to remain? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

13.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the project file contain information (i.e., advisory services log, intake form) about the advisory services that will be/have been offered?  [49 CFR 24.29(a); 49 CFR 24.205(c)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Were all advisory services offered in compliance with the requirements of 49 CFR 24.205(c)? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

15.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. General Information Notice?  [49 CFR 24.203(a)] | | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Notice of Eligibility?  [49 CFR 24.203(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| c. Notice of Nondisplacement? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| d. 90-day Notice?  [49 CFR 24.203(c)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| e. 30-day Notice? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| f. Notice of Temporary Relocation? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| g. Notice of Interest?  [49 CFR 24.102(b)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| h. Notice of Intent to Acquire? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:** | | |
|  | | |

16.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the project file contain evidence that notices were hand delivered or served registered or certified mail, return receipt requested?  [49 CFR 24.5] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

17.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the project file contain signed copies of replacement housing  payment claim forms? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Were the amounts paid supported by documentation (i.e., rent receipts,  lease, utility bills for old, comparable or actual replacement unit)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

18.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the project file contain signed copies of moving cost claim forms? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Were the amounts paid supported by documentation (i.e., receipts,  estimates, etc.)? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

19.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Comparable replacement unit(s)?  [49 CFR 24.2(a)(6)(i) and 24.2(a)(8)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Actual replacement?  [49 CFR 24.401(a)(2) or 24.402(a)(2)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| c. Temporary unit?  [See definition of “displaced person” in appropriate program regulation at  citation listed in Attachment 1] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

20.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the Monitored Entity correctly calculate replacement housing payments for the project being reviewed?  [49 CFR Part 24, subpart E] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

21.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the Monitored Entity correctly calculate the moving and related expense reimbursements for the project being reviewed?  [49 CFR Part 24, subpart D] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

22.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Did all persons receiving assistance sign a certification of legal residency?  [49 CFR 24.208(a)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Did persons who did not provide a certification of legal residency or who  have been determined to be not lawfully present in the United States, and  who received assistance, claim an exceptional and extremely unusual  hardship exemption?  (If so, identify below the documentation supporting hardship claim and  indicate below whether payments were made with HUD funds.) | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

23.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Did the Monitored Entity promptly review any appeals filed by aggrieved persons in compliance with the requirements of the URA and 49 CFR Part 24?  [49 CFR 24.10(a)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

24.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. No waiver of relocation assistance be proposed or requested?  [49 CFR 24.207(f)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Additional or alternative assistance be provided under the Last Resort  housing provisions of the URA when comparable replacement dwellings are  not available within the monetary limits for owners or tenants set for in 49  CFR 24.401(b) and 24.402(a)?  [Also 49 CFR 24.404(a)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| c. No part of a relocation payment to a displaced person be withheld to satisfy  an obligation to any other creditor?  [49 CFR 24.403(a)(6)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| d. No displaced person be denied eligibility for a replacement housing payment  solely because he/she does not meet the occupancy requirements at 49 CFR  24.401(a) and 24.402(a) for a reason beyond his/her control?  [Also 49 CFR 24.403(d)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| e. Temporary relocation did not extend beyond one year before the person is  either returned to his/her previous unit or location or offered permanent  relocation assistance?  [49 CFR 24.2(a)(9)(ii)(D)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

## Checklist F3: Guide for Review of Relocation of Residential Displaced Person – Individual Case File

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored Entity'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 Checklist is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain residential occupants who are permenantly displaced under CDBG-DR-assisted projects. (**NOTE:** For review of individual case files for persons temporarily relocated, use Checklist F5.) 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 Monitored Entity has determined that a person is ineligible for relocation assistance shall be given a high priority. 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: |
| **Describe Basis for Conclusion:** |
|  |

2.

|  |
| --- |
| a. **Occupant Characteristics**  Check As Appropriate: Check One:  Owner  Family  Tenant  Individual |
| b. **Household Composition** (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.)  **Total** |
| c. **Head of Household**  Check One: Check One: Check One:  Male  Under 65  Lawfully present in U.S.  Female  65 and Over  Not lawfully present in U.S. |
| d. **Racial/Ethnic Data**  (Check one or more, if applicable)  Alaskan Native or American Indian  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Other Pacific Islander  White  American Indian/Alaskan Native and White  Asian and White  Black/African American and White  American Indian/Alaskan Native and Black/African American  Other Multi-racial |
| **Describe Basis for Conclusion:** |
|  |

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)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

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? | | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| 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):  30% of average monthly gross household  income $  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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| **Describe Basis for Conclusion:** | | |
|  | | |

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)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

6.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Include a description of the Monitored Entity’s relocation program?  [49 CFR 24.203(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| f. Describe the person’s rights to appeal the Monitored Entity’s deter-  mination as to his/her application for assistance?  [49 CFR 24.203(a)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| g. Include the pertinent HUD information booklet(s) or the equivalent? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

7.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Inform the person of his/her eligibility for relocation assistance effective  on the date of the initiation of negotiations? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 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? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **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)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **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] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

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] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |  |
| --- | --- |
| a. What type of moving and related expenses payment was made:  Actual Expenses?  Fixed Payment?  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? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

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)(€(C) and 49 CFR 24.403(b)] | |
| a. Comparable replacement unit (prior to referral)? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Actual replacement unit? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

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] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

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.) | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

18.

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

19.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. Was the displaced person advised of his/her rights under the Fair Housing  Act? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| 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? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| c. Did the reviewer learn of any other issues that may be of interest to FHEO? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

20.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If a written appeal or complaint was filed by the displaced person, did the Monitored Entity 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 Monitored Entity’s conclusion.)  [49 CFR 24.10] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

### F3 Attachment 1: Worksheet for Replacement Housing Payment

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

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

**A. Uniform Relocation Act**

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

**B. Section 104(d)**

| **Sec. 8 Housing Choice Voucher and/or Cash Assistance Provided** | **Section 8 Housing Choice Voucher Accepted** | **Purchase Assist** |
| --- | --- | --- |
| 1. MRU of replacement dwelling,  or CRD, whichever is less: $  2. Voucher subsidy (if none enter “0”): $  3. Out-of-pocket cost (subtract line 2 from line 1): $  4. Total Tenant Payment (TTP):  $  5. Monthly need (subtract line 4 from line 3. If less than “0,” skip line 6):  $  6. Line 3 x 60: $  7. Security Deposit: $  8. Reimbursement for credit  check: $  9. Add lines 6 + 7 + 8: $ | 1. Security Deposit: $  2. Reimbursement for credit  check:$  3. Gap/monthly need:\* $  4. Line 3 x 60: $  5. Add lines 1+2 + 4: $  **NOTE**: 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. | 1. MRU of CRD: $  2. TTP: $  3. Monthly need (subtract line 2 from line 1): $  4. Capitalized value of 60 monthly installments of amount on line 3: $  5. Reimbursement for credit  check: $  6 6. Add lines 4 +5: $ |

## Checklist F4: Guide for Review of Relocation of a Non-Residential Occupant -- Individual Case File

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored ’ntity'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 Checklist is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain non-residential tenants and owner-occupants who are permenantly displaced as a direct result of HUD-assisted projects. 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 Monitored Entity has determined that a person is ineligible for relocation assistance shall be given a high priority. The sample of cases should include tenants and owner-occupants.

**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: |
| **Describe Basis for Conclusion:** |
|  |

2.

|  |
| --- |
| a. **Occupant Characteristics:**  Check As Appropriate:  Owner-occupant  Lawfully present in U.S.  Tenant  Not lawfully present in U.S. |
| b. **Check All That Apply:**  Business  Sole Proprietorship  Farm   Corporation  Nonprofit Organization   Partnership  Business Reestablished  Business Discontinued  Any Other Non-Natural Person  (e.g., limited liability company, unit  of general local government) |
| c. **Racial/Ethnic Data**  (Check one or more, if applicable)  Alaskan Native or American Indian  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Other Pacific Islander  White  American Indian/Alaskan Native and White  Asian and White  Black/African American and White  American Indian/Alaskan Native and Black/African American  Other Multi-racial |
| **Describe Basis for Conclusion:** |
|  |

3.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is there evidence that the displaced person was personally interviewed to determine his/her relocation needs and preferences and to explain his/her rights and options?  **NOTE**: Evidence at a minimum should include information on the businesses’ replacement site requirements, the need for outside specialists, identification and resolution of personalty/realty issues, estimate of time required for the business to vacate the site, an estimate of anticipated difficulty in locating a replacement site and identification of any required advance relocation payments.  [49 CFR 24.9; 24 CFR 24.205(c)(2)(i)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

4.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the file contain a written General Information Notice? (If yes, include date of GIN in response below.)  [49 CFR 24.9; 49 CFR 24.203(a)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

5.

|  |  |
| --- | --- |
| If the answer to question 4 is “yes,” did the General Information Notice: | |
| a. Inform the person that displacement may occur and generally describe  the relocation payment(s) for which the person may be eligible?  [49 CFR 24.203(a)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Inform the person that the person 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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. Inform the person that the person will not be required to move without  at least 90 days advance written notice and that the person cannot be  required to move permanently unless at least one comparable replace-  ment dwelling has been made available?  [49 CFR 24.203(a)(3)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. Inform the displaced 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)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| e. Describe the person’s rights to appeal the Monitored Entity’s  determination as to the person’s application for assistance?  [49 CFR 24.203(a)(5)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| f. Include the pertinent HUD information booklet(s) or the equivalent? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

6.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the file contain a Notice of Eligibility for Relocation Assistance? (If yes, include the date of the Notice of Eligibility in response below.)  [49 CFR 24.9; 49 CFR 24.203(b)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

7.

|  |  |
| --- | --- |
| If the answer to question 6 above is “yes,” does the Notice of Eligibili | |
| a. Inform the business of its eligibility or relocation assistance  effective on the date of the initiation of negotiations? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Adequately explain to the business the assistance, the estimated amount  of assistance and the procedures for obtaining the assistance? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. Adequately explain to the business the moving expense choices that  are available? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Was the displaced person provided information on the availability, purchase prices, and rental costs of suitable replacement sites?  [49 CFR 24.205(c)(2)(iii)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

9.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the file contain evidence that advisory services were provided in accordance with 49 CFR 24.205(c)?  [49 CFR 24.9] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Was a 90-day notice issued? (If yes, include the date of the 90-day notice in response below.)  [49 CFR 24.203(c)] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

11.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the answer to question 10 is “yes,” did the 90-day notice state a specific date by which the displaced person would be required to move? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

12.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If the answer to question 11 is “no,” was a 30-day vacate notice issued? (If yes, include the date of the 30-day notice in response below.) | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

13.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does file contain evidence that the displaced person received a payment for moving and related expenses? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |  |
| --- | --- |
| Was the payment for moving and related expenses a payment for: | |
| a. Actual Expenses pursuant to49 CFR 24.301(d)? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. Fixed Payment In Lieu of Actual pursuant to 49 CFR 24.305? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| c. Reestablishment Expenses pursuant to 49 CFR 24.304? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| d. Self-Move (may be a combination) pursuant to 49 CFR 24.301(d)(2)? | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

15.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the computation correctly calculated for the following: (If not, explain)  a. Actual Expenses?  [49 CFR 24.301(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Fixed Payment In Lieu of Actual?  [49 CFR 24.305] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. Reestablishment Expenses?  [49 CFR 24.304] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. Self-Move (may be a combination)?  [49 CFR 24.301(d)(2)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

16.

|  |
| --- |
| Provide the following information:  Date Claim Filed:      \_\_\_\_\_\_\_\_ Amount Claimed:      \_\_\_\_\_\_\_\_  Date Claim Paid:      \_\_\_\_\_\_\_\_\_ Amount Paid:      \_\_\_\_\_\_\_\_\_ |
| **Describe Basis for Conclusion:** |
|  |

17.

|  |  |
| --- | --- |
| Were the following notices personally served or sent registered or certified mail, return receipt requested:  [49 CFR 24.5] | |
| a. General Information Notice? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Notice of Eligibility? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. 90-Day Notice? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. 30-Day Notice to Vacate? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

18.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. If a written appeal or complaint was filed by the displaced person, did the  Monitored Entity promptly review the appeal in accordance with the  requirements of 49 CFR Part 24?  [49 CFR 24.10 (for appeals)] | | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| b. If the answer to a, above is yes, did the Monitored Entity seek HUD’s review of the appeal or complaints? | |  | | |
| c. How was the appeal or complaint handled? | | |
| **Describe Basis for Conclusion:** | | |

## Checklist F5: Guide for Review of Relocation of Residential Occupant Not Displaced or Temporarily Displaced -- Individual Case File

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored Entity'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 Checklist is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain residential occupants who are not displaced under CDBG-DR-assisted projects. It is important to review cases where occupants were not considered displaced by a project that resulted in acquisition, rehabilitation or demolition. An occupant who is not displaced may or may not move temporarily or may be required to move to another site within the same building. In selecting the sample of files to review, the Reviewer’s initial file selection is to follow the guidance in the introduction to this Appendix. If possible, at least five files should be reviewed. Consideration should be given to:

* whether a occupant was designated as temporarily relocated in accordance with applicable program requirements;
* whether occupants were required to move to another unit within the same building.

The reviewer may also add files to the selection where complaints have been made, where there is alleged noncompliance, or where the project is large and/or complex.

**Questions:**

1. Client Information

|  |
| --- |
| Provide the following client information: |
| Name(s) of Person(s):  Telephone Number(s):  Address:  Address of Temporary Unit, if applicable:  Address of Permanent Unit:  Date of Initial Occupancy:  Date of Temporary Move, if applicable:  Date Final Move Completed, if applicable: |

2.

|  |
| --- |
| a. **Occupant Characteristics**  Check As Appropriate: Check One:  Owner  Family  Tenant  Individual |
| b. **Household Composition** (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.)  **Total** |
| c. **Head of Household**  Check One: Check One: Check One:  Male  Under 65  Lawfully present in U.S.  Female  65 and Over  Not lawfully present in U.S. |
| d. **Racial/Ethnic Data**  (Check one or more, if applicable)  Alaskan Native or American Indian  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Other Pacific Islander  White  American Indian/Alaskan Native and White  Asian and White  Black/African American and White  American Indian/Alaskan Native and Black/African American  Other Multi-racial |
| **Describe Basis for Conclusion:** |
|  |

3.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is there evidence that any temporarily relocated 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.)  [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.] | |  |  | | --- | --- | |  |  | | **Yes** | **No** | |
| **Describe Basis for Conclusion:** | |
|  | |

4.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain a written General Information Notice? (If yes, include date of General Information Notice in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

5.

|  |  |
| --- | --- |
| If the answer to question 4 is “yes,” did the General Information Notice: | |
| a. Explain that the project has been proposed and caution the person not  to move? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Explain that the person will not be displaced or, if there is a possibility  that the person may be displaced, generally describe the relocation  payment(s) and assistance for which the person may be eligible? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. Generally explain the terms and conditions under which the person  will be able to lease and occupy a suitable, decent, safe and sanitary  unit in the same building upon completion of the project? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. 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? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| e. Describe the person’s rights to appeal the Monitored Entity’s  determination as to the person’s application for assistance? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| f. Include the pertinent HUD information booklet(s) or the equivalent? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

6.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the occupant issued a Notice of Non-Displacement? (If yes, include date of Notice in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

7.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the answer to question 6 is “yes,” was the occupant offered an opportunity to lease and occupy a suitable, decent, safe and sanitary unit in the same building/complex at the same rent or at a rent/estimated utility cost not exceeding 30% of average monthly gross household income?  [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the occupant file contain evidence that advisory services were provided? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

9.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Was the occupant required to move? (If yes, include below whether the move was temporary or a permanent move within the project.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. If the occupant moved temporarily, was he/she reimbursed for all reasonable out-of-pocket expenses for the duration of the temporary  [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. If the occupant was temporarily relocated, was (or is) the duration of the  temporary move 12 months or less? (If no, indicate below the duration  of the temporary move.)  [49 CFR 24.2(a)(9)(ii)(D)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. If the occupant was temporarily relocated, were other terms and conditions of the temporary move reasonable (e.g., access to schools, employment; services including transportation, medical and religious facilities, shopping; accommodations for pets)?  [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| e. If temporary relocation extended beyond 12 months, was the occupant  offered permanent relocation assistance in addition to the temporary  relocation assistance received?  NOTE: If temporary relocation lasted more than 12 months, case file should  also be reviewed using Checklist F3. | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| f. If temporary relocation lasted more than 12 months, did the occupant retain  the option to return to the project in accordance with any past assurances? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

10.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Does the file contain evidence that occupant received payment for increased temporary housing costs?   [May be required under certain HUD program regulations. See definition of  “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| 1. What was the amount of increased housing costs for temporary housing? (Check computation using the attached Worksheet for Temporary Housing Costs. If incorrect, explain.) | |
| **Describe Basis for Conclusion:** | |
|  | |

11.

|  |  |
| --- | --- |
| 1. What was the initial rent offered to the occupant at completion of the project?   Rent/utility cost not increased $  Increased rent/utility cost $  [May be required under certain HUD program regulations. See definition of “displaced person” and/or “temporary relocation” under appropriate HUD program regulations, where applicable. Attachment 1 contains a list of HUD programs covered by the URA and/or Section 104(d) and their program-specific relocation citations.] | |
| b. Does the increased rent/utility cost exceed 30% of gross household income?  [May be required under certain HUD program regulations. See definition of  “displaced person” and/or “temporary relocation” under appropriate HUD  program regulations, where applicable. Attachment 1 contains a list of HUD  programs covered by the URA and/or Section 104(d) and their program-  specific relocation citations.] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

12.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Does the file contain evidence that occupant received a payment for moving  and related expenses (for moving from their unit and for returning from the  temporary unit)?  [May be required under certain HUD program regulations. See definition of  “displaced person” and/or “temporary relocation” under appropriate HUD  program regulations, where applicable. Attachment 1 contains a list of HUD  programs covered by the URA and/or Section 104(d) and their program-  specific relocation citations.] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. What was the amount of payment for moving and related expenses? | |
| 1. Was the payment for one move or two moves? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. Was the computation correctly calculated?  [49 CFR 24.301 and 49 CFR 24.302] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

13.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Were the following notices personally served or sent registered or certified mail, return receipt request.  a. General Information Notice? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Notice of Nondisplacement? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Was there a written appeal or complaint filed by the occupant? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. If the answer to a, above, is “yes,” is the occupant a lower-income  person? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. If the answer to b, above, is “yes,” was the appeal or complaint also  filed with HUD? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. How was the appeal handled? | |
| **Describe Basis for Conclusion:** | |
|  | |

### F5 Attachment 1: Worksheet for Temporary Housing Costs

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**Instructions:** To calculate the amount of increased housing costs for temporary housing costs in item 10, please complete the following for occupants who moved temporarily.

|  |  |
| --- | --- |
| **Increased Housing Costs:** | |
| 1. Monthly rent/utilities at property moved to: | $ |
| 2. Monthly rent/utilities at property moved from: | $ |
| 3. Line 1 minus line 2 (for negative numbers, use “0”) | $ |
| 4. No. of months of temporary move |  |
| 5. Line 3 $      x Line 4 | $ |
| **Moving Costs:** | |
| 6. Amount of moving expenses for Move 1 | $ |
| 7. Amount of moving expenses for Move 2 | $ |
| 8. Line 6 plus line 7 | $ |
| **Storage Costs:** | |
| 9. Total storage costs | $ |
| **Deposits:** | |
| 10. Gas | $ |
| 11. Electric | $ |
| 12. Cable TV | $ |
| 13. Water/sewer | $ |
| 14. Garbage service | $ |
| 15. Other | $ |
| 16. Add lines 10, 11, 12, 13, 14, and 15 | $ |
| **Other Costs:** | |
| Per diem for unit without cooking facilities:  17.  $      per adult x No. of adults       = $  $      per child under age 12 x No. of children       = $ | |
| Total Per diem for unit without cooking facilities | $ |
| 18. Other costs (itemize) |  |
| 19. Other costs (itemize) |  |
| 20. Other costs (itemize) |  |
| **Add lines 5, 8, 9, 16, 17, 18, 19 and 20** | **$** |

## Checklist F6: Guide for Review of Non-Residential Occupant Not Displaced or Temporarily Displaced -- Individual Case File

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored Entity'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 Checklist is designed to monitor compliance with statutory and regulatory requirements governing displacement, relocation and the provision of assistance to certain non-residential occupants who are not displaced under HUD-assisted projects. (Non-residential occupants include businesses, non-profit organizations and farms, and will hereafter be referred to as “businesses.”) It is important to review cases where businesses were not displaced by a project that resulted in acquisition, rehabilitation or demolition. A business that is not displaced may or may not move temporarily or may be required to move to another site within the same building. In selecting the sample of files to review, the Reviewer’s initial file selection should follow the guidance in the introduction to this Appendix and be randomly selected. If possible, at least five files should be reviewed. Consideration should be given to:

* whether a business is temporarily relocated
* whether businesses were required to move to another unit within the same building.

The reviewer may also add files to the selection where complaints have been made, where there is alleged or suspected noncompliance, or where the project is large and/or complex.

**Questions:**

1.

|  |
| --- |
| Provide the following client information: |
| Name(s) of Business:  Telephone Number(s):  Address:  Address of Temporary Site:  Date of Initial Occupancy:  Date Move Completed: |

2.

|  |
| --- |
| a. **Occupant Characteristics:**  Check As Appropriate: Check One:  Owner  Lawfully Present in U.S.  Tenant  Not Lawfully Present in U.S. |
| b. **Check All That Apply:**  Business  Sole Proprietorship  Farm  Corporation  Nonprofit Organization  Partnership  Business Reestablished  Business Discontinued  Other |
| c. **Racial/Ethnic Data**  (Check one or more, if applicable)  Alaskan Native or American Indian  Asian  Black/African American  Hispanic/Latino  Native Hawaiian/Other Pacific Islander  White  American Indian/Alaskan Native and White  Asian and White  Black/African American and White  American Indian/Alaskan Native and Black/African American  Other Multi-racial |
| **Describe Basis for Conclusion:** |
|  |

3.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is there evidence that the business was personally interviewed to determine the business’ relocation needs and preferences and to explain the business’ rights and options? (If yes, include date of interview in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

4.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain a written General Information Notice? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

5.

|  |  |
| --- | --- |
| If the answer to question 4 is “yes,” did the General Information Not | |
| a. Explain that the project has been proposed and caution the business not  to move? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Explain that the business will not be displaced or, if there is a  possibility that the business may be displaced, generally describe the  relocation payment(s) and assistance for which the business may be  eligible? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. Generally explain the terms and conditions under which the business  will be able to lease and occupy a unit at the same site upon  completion of the project? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| d. Inform the business that 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? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| e. Describe the business’ rights to appeal the Monitored Entity’s determination as to the business’ application for assistance? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| f. Include the pertinent HUD information booklet(s) or the equivalent? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

6.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the business issued a Notice of Non-Displacement? (If yes, include date of Notice in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

7.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the business file contain evidence that advisory services were provided in accordance with 49 CFR 24.205(c)? (If yes, describe advisory services provided.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the Monitored Entity have a policy for paying temporary moving expenses? (If yes, briefly describe policy in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

9.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Was the business required to move? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. If yes, was the move (select one):  temporary OR  permanent move on-site? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

10.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the business required to move more than once? (If yes, include the number of moves in the response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

11.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If the business moved temporarily, were temporary moving expenses reimbursed?  [49 CFR Part 24, Appendix A, Section 24.2(a)(9)(ii)(D)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

12.

|  |
| --- |
| If the business was/is to be temporarily relocated, indicate the time period for the temporary relocation below (number of months). |
| **Describe Basis for Conclusion:** |
|  |

13.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Were all terms and conditions of the temporary move reasonable (i.e., temporary move did not exceed 12 months; business was reimbursed for out-of-pocket expenses)?  [49 CFR Part 24, Appendix A, Section 24.2(a)(9)(ii)(D)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain evidence that the business received payment for moving and related expenses [for moving from its unit and for returning from the temporary unit]? (If yes, include amount of payment in response below.)  [49 CFR Part 24, Appendix A, Section 24.2(a)(9)(ii)(D)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

15.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Were the following notices personally served or sent registered or certified mail, return receipt request.a. General Information Notice? [49 CFR 24.203(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. Notice of Non-displacement? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

16.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. Was there a written appeal or complaint filed by the business? (If yes, describe issue raised and Monitored Entity’s conclusion.) [49 CFR 24.10] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| b. If the answer to a, above, is “yes,” did the Monitored Entity seek HUD’s review of the appeal or complaints? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| c. How was the appeal or complaint handled? | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

## Checklist F7: Guide for Review of Real Property Acquisition

|  |  |
| --- | --- |
| Name of Monitored Entity: |  |
| Project ID: |  |
| Name of Project: |  |
| Name of Reviewer: |  |
| Date Completed: |  |

**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, the Reviewer 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 Monitored Entity'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 Checklist is designed to monitor compliance with statutory and regulatory requirements governing the acquisition of real property under HUD-assisted projects. The acquisition sample shall be based on cases in which settlement has been completed. If necessary to provide a representative sample of acquisition activities, the reviewer may include incomplete transactions in which negotiations have been initiated. The sample of cases should be representative (e.g., residential, commercial and industrial).

**Questions**:

1.

|  |
| --- |
| a. **Property Use:** (Check one)  Single Family Residential  Commercial  Nonprofit Organization  Multifamily Residential  Industrial  Other  Owner (check here if occupant):  Tenants:  Current Address of Owner:  Home/Business Telephone Numbers: |
| **Describe Basis for Conclusion:** |
|  |

2.

|  |
| --- |
| What is the date of the official determination to acquire the real property? |
| **Describe Basis for Conclusion:** |
|  |

3.

|  |
| --- |
| What is the date the owner was notified of the Monitored Entity’s interest in acquiring the property? |
| **Describe Basis for Conclusion:** |
|  |

4.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the owner provided written information explaining the basic URA acquisition protections at 49 CFR 24.102? (If yes, include date information was provided in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

5.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Was the owner invited to accompany each appraiser on his/her inspection of the property?  [49 CFR 24.102(c)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

6.

|  |
| --- |
| What are the dates and dollar amounts of the following:  1st appraisal Date:       Amount: $  2nd appraisal Date:       Amount: $  3rd appraisal Date:       Amount: $  Review appraisal Date:       Amount: $  Just compensation determination Date:       Amount: $  Initial written offer Date:       Amount: $  Acquisition price Date:       Amount: $ |
| **Describe Basis for Conclusion:** |
|  |

7.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the appraiser determine the highest and best use of the property?  (See paragraph 4.c of F7 Attachment 1, Guidelines for Monitoring Review of Appraisals)  [49 CFR 24.103(a)(2)(i)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

8.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the appraisal(s) contain information on comparable sales and/or other documentation used to determine fair market value?  [49 CFR 24.103(a)(2)(iii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

9.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do each appraiser’s standards and practices/techniques reflect established Federal and federally assisted program appraisal practices, as applicable? (See paragraphs 3 and 4 of F7 Attachment 1, Guidelines for Monitoring Review of Appraisals)  [49 CFR 24.103(a)(2)(ii)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

10.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Is the Monitored Entity’s determination of just compensation acceptable (i.e., the amount is not less than the approved appraisal of the fair market value of the property, taking into account the value of allowable damages or benefits to any remaining property)? (Explain “yes” or “no” answer.)  [49 CFR 24.102(d)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

11.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Were tenant-owned improvements considered in the appraisal(s) of fair market value and determination of just compensation?  [49 CFR 24.105(a)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

12.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the file contain review appraisal(s)?  [49 CFR 24.9; 49 CFR 24.104] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

13.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the Monitored Entity provide the owner a summary statement of the basis for its determination of just compensation?  [49 CFR 24.102(e)(1)] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

14.

|  |
| --- |
| What is the date the owner executed the negotiated purchase agreement? |
| **Describe Basis for Conclusion:** |
|  |

15.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Were condemnation proceedings instituted? (If “yes,” provide date in response below.) | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

16.

|  |
| --- |
| If property was condemned, what is the date the Monitored Entity deposited the fair market value of the property with the Court? |
| **Describe Basis for Conclusion:** |
|  |

17.

|  |
| --- |
| What is the date title vested in the Monitored Entity? |
| **Describe Basis for Conclusion:** |
|  |

18.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Has the owner received the purchase price proceeds? (If “yes,” include date in response below). | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

19.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did the Monitored Entity pay all required settlement costs? (If not, explain in response below). | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | |
| **Describe Basis for Conclusion:** | |
|  | |

20.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Was there a written appeal or complaint filed by the owner?  [49 CFR 24.10] | |  |  |  | | --- | --- | --- | |  |  |  | | **Yes** | **No** | **N/A** | | |
| b. If the answer to a, above is “yes,” with whom was the appeal or complaint filed? | | |  |  |  | | --- | --- | --- | |  |  |  | |
| c. How was the appeal or complaint handled? | |  |
| **Describe Basis for Conclusion:** | | |

### F7 Attachment 1: Guidelines for Monitoring Review of Appraisals

1. CONCEPT OF APPRAISAL REVIEWS.

a. Basic Concept of Review. The art of appraising is not an exact science. An appraiser's opinion of fair market value is an informed estimate, and two or more reasonable persons appraising the same property can, within reasonable limits, disagree with respect to their opinions of value. Therefore, as a general rule, the Reviewer should not "re-appraise" properties and determine his or her own estimate of value but rather should concentrate on the reasonableness or acceptability of the appraisal practices followed by the Monitored Entity in determining the fair market value of property to be acquired.

b. Unacceptable Appraisal Practices. Paragraph 4 contains examples of unacceptable appraisal practices. Where unacceptable appraisal practices are found, they should be brought to the attention of the Monitored Entity. In those cases where the evidence indicates that the application of recognized appraisal standards and techniques would significantly change the determination of just compensation, the Field Office should require the Monitored Entity to obtain a satisfactory appraisal (or update an existing appraisal, if appropriate) and make a new determination of fair market value. If the new determination is higher than the amount offered to the property owner, the Monitored Entity should be required to offer the additional amount to the owner in writing.

c. Inexperienced Reviewer. The depth of a Reviewer's examination of appraisals will vary according to the Reviewer's background, experience and understanding of acceptable appraisal standards and techniques. If the Reviewer does not have sufficient expertise to determine whether the Monitored Entity's appraisal practices are reasonable, he or she should review the appraisals in a manner consistent with his or her ability and make appropriate note of any practices which in his or her judgment raise a serious question as to their reasonableness. Such matters should then be brought to the attention of the Monitored Entity in an appropriate manner and/or referred for detailed review by a Reviewer qualified to assess their acceptability.

2. SELECTION OF APPRAISALS TO BE REVIEWED. The acquisition cases selected for review should be representative of the acquisition workload (e.g., residential, commercial and industrial properties, as the case may be). A sampling of properties valued at $10,000 or more should be reviewed. However, the Reviewer may take into account the following factors:

a. Condemnation. Property owners are entitled to have the question of the fair market value of their property adjudicated in court under applicable eminent domain laws. This is an important element in assuring the protection of property owners. In condemnation cases where the court has determined just compensation, the Reviewer need not review the reasonableness of the methodology used by the court in establishing the amount of just compensation.

b. Well-Informed Owner. Whenever the (former) property owner appears to have been well-informed and capable of protecting his or her interest in the acquisition process, the Reviewer may choose not to review the appraisal(s), relying instead on the owner's capacity to negotiate and awareness of his or her right to obtain a judicial determination of just compensation if he/she found the Monitored Entity's highest offer to be unacceptable, whether or not he/she elected to use this remedy. (This principle may apply to a particularly complicated case, such as a special-purpose industrial plant, where the Reviewer lacks the expertise to determine the reasonableness of the appraiser's estimate of the fair market value of the property and the Monitored Entity's conclusion as to just compensation).

c. 180-Day Homeowner. The Reviewer may also wish to give a lower priority to the review of the purchase price paid to a 180-day homeowner who received a substantial price differential payment as part of his or her replacement housing payment (i.e., where an increase in the acquisition payment would bring a commensurate decrease in the replacement housing payment).

3. ACCEPTABLE APPRAISAL STANDARDS AND TECHNIQUES.

a. Standards. An appraiser's opinion of the fair market value (or other equivalent term used in the State in which the property is located) should be prepared in accordance with the definition of “appraisal” at 49 CFR 24.2(a)(3) and according to the requirements of 49 CFR 24.103, which are intended to be consistent with the Uniform Standards of Professional Appraisal Practice. The Monitored Entity may have appraisal requirements that supplement these requirements, including, to the extent appropriate, the Uniform Appraisal Standards for Federal Land Acquisition. The Monitored Entity's appraisals should conform to the above appraisal standards to the extent that the principles stated in such standards are consistent with State law and result in the most accurate conclusions of value and other required findings.

b. Appraisal Methods. The appraisal methods and the organization of appraisal reports are considered to be the prerogative of the appraiser, provided that such methods and appraisal reports:

(1) Furnish accurate, adequately supported valuations correctly derived in accordance with State or local eminent domain law;

(2) Furnish such other findings as may be required to comply with the URA and State law requirements, including to the extent appropriate under the Uniform Appraisal Standards for Federal Land Acquisitions (UASFLA); and

(3) Comply with the provisions of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, at 49 CFR 24.103.

4. EXAMPLES OF UNACCEPTABLE APPRAISAL PRACTICES. The following is a nonexclusive list of unacceptable appraisal practices which the Reviewer may encounter in his or her review of a Monitored Entity's appraisals and determinations of just compensation:

a. Failure to provide an adequate description of the physical characteristics of the property being appraised (and, in the case of a partial acquisition, an adequate description of the remaining property), including items identified as personal property, a statement of the known and observed encumbrances, if any, title information, location, zoning, present use, an analysis of highest and best use, and at least a 5 year sales history of the property; (see 49 CFR Part 24, Appendix A, §24.103(a)(1).)

b. Failure to properly delineate the property and identify conditions, restrictions, easements, servitude, and reservations affecting the value of the property.

c. Failure to provide an appropriate property analysis of real property improvements when required.

d. Use of inappropriate methodology to determine the highest and best use of the property. (If the highest and best use of the property is not self-evident, did the appraiser analyze and explain all relevant matters which bear on his or her conclusion as to the highest and best use of the property?)

e. Failure to develop one or more relevant approaches to estimating fair market value. (There are three basic approaches to determining fair market value: the comparable sales approach, the cost approach, and the income approach. All approaches which would serve a meaningful purpose must be utilized.)

f. Inadequate comparable sales. (They may be insufficient in number, or individual sales may not be reasonably comparable or based on arm's-length transactions.)

g. Failure to report or take into account at least a 5 year sales history of the property being appraised.

h. Inadequate description of comparable sales including unrealistic adjustments in the sales prices of "comparables" used to value property machinery, or equipment.

i. Use of an unrealistic capitalization rate in the appraiser's income approach to value.

j. Undue reliance on the cost approach in a heavily depreciated building.

k. Failure to disregard the influence of the project on the value of the property in accordance with 49 CFR 24.103(b).

l. Failure to estimate the contributive value, or value for removal, of tenant-owned improvements.

m. In the case of a mixed-use property, failure to make an apportionment of the value of the property that is attributable to a displacement dwelling in order to provide a basis for determining the replacement housing payment.

n. Failure to furnish an appraisal estimate of the value of a potential uneconomic remnant on which the Monitored Entity would be required to make a purchase offer.

o. Failure of the appraiser to invite the owner to accompany the appraiser on his or her inspection of the property.

p. Basing the purchase price on appraisal estimates that are out of date at time of the acquisition.

q. Failure to include the effective date of valuation, date of appraisal, signature, and

certification of the appraiser.