



F20 – Temporary Relocation Assistance Claim

Submit all forms and documents to TRAClaims@recovery.nyc.gov or fax 646-500-7186

For Questions, call Build it Back Customer Service 212-615-8329

Build it Back makes temporary relocation assistance payments to qualifying homeowners who must relocate due to construction activities on the home. You may use this form to request temporary relocation assistance.

What type of assistance is available?

You may apply for assistance if you have been required to relocate **greater than 30 days** due to Build it Back construction activities on your home. *Note: Not all construction activities will require your relocation. Applicants will be notified at their Grant Agreement about their eligibility for assistance based on an estimated relocation duration.*

TRA assistance will begin on the day Build it Back determines that relocation is necessary and ends when you are able to move back into your home.

Please note that the final reimbursable amount you receive will take into account any other benefits you previously received for temporary housing. If you incurred additional temporary housing expenses prior to the start of relocation that have not yet been reported to the Program, please speak with a Build it Back Counselor for more information on how to submit receipts. The final reimbursable amount will also take into account any other additional temporary housing benefit you will receive moving forward.

The amount of assistance available depends on household size. For each day a homeowner is relocated, Build it Back may provide assistance up to the amounts below:

Household Size	1 person	2 person	3 person	4 person	5+ person
Daily Maximum	\$50.00	\$52.00	\$62.00	\$79.00	\$89.00

Build it Back can only make assistance payments after it receives proof of payment for eligible rent or lodging expenses. Build it Back does not make advance payments.

Instructions to Applicant

- You must complete a TRA Claim in its entirety for your claim to be considered.
- At least one applicant listed on the Build It Back application must sign this form.
- You must attach proof of your housing expenses to this form. On the last page, you will find a list of the types of documents you must provide to prove your expenses.
- Submit your first request for reimbursement **after** you have incurred greater than **30 days** of temporary housing expenses. If you were required to relocate for more than 30 days, but you did not incur 30 days of temporary housing expenses, you may still submit a claim for review.
- You may only submit one TRA claim form each month. One claim may cover multiple months during your relocation period. You may also submit a single claim for the entire period you were displaced.

I. Name _____
First Last

2. Telephone Number(s) _____



Home

Cell

3. Build it Back Application Number _____

4. Current Mailing Address

Street Address

Apt/Suite

City

State

ZIP

5. Household Size _____

How many people in your household were displaced by Build It Back construction activities during the time period covered by this claim? Please only include persons who regularly live in your home and do not include students who reside elsewhere or other persons who do not live in the home the majority of the time.

6. Claim Period START DATE _____

of the expenses claimed on this form

Month

/

Date

/

Year

END DATE _____

of the expenses claimed on this form

Month

/

Date

/

Year

7. Other Housing Assistance Received

Did you receive any financial assistance from another source for temporary housing or relocation during the time period covered by this claim? This includes any rental subsidies, payments from a charity, or any other assistance from other sources that were specifically intended to pay for temporary housing for members of your household while your home was in construction by Build it Back. Do not include FEMA or Additional Living Expenses from your private insurance company.

No, I did not receive any temporary housing assistance from another source during the time period covered by this claim.

Yes, I received temporary housing assistance in the form of a check, cash or other direct payment to me that was specifically intended for temporary housing during the time period covered by this claim in the amount of \$_____

Yes, another program, charity or other source paid all or part of my temporary housing expense for me or I received a subsidized rent paid directly to a housing provider during the time period covered by this claim in the amount \$_____

Yes, I received another form of rental assistance not listed above in the amount of \$_____

8. Total of All Relocation Expenses Incurred \$_____

Enter the TOTAL amount of the documented expenses that YOUR HOUSEHOLD paid for during the time period covered by this claim. Do not include expenses unless you have documentation. Do not include any rent paid for by someone else, such as a charity or the government.



9. Temporary Housing Address

Enter the address of rental unit, hotel, or other accommodations where you are living while your household is displaced by Build it Back construction. Please include additional sheets if you lived in multiple locations.

Street Address	Apt/Suite	
City	State	ZIP

10. Landlord Contact Information

Enter the name and telephone number of your landlord, hotel or the person you paid rent to. Please include additional sheets if you had multiple landlords.

Name	Telephone Number
------	------------------

IMPORTANT – PLEASE READ THE FOLLOWING SECTION CAREFULLY

I understand that if the information in this document and attached to this document is not correct, I may be required to repay any benefits I received or was eligible to receive as a result of providing incorrect information. I also understand that the information in this document may be turned over to the appropriate New York City investigative authorities for verification or investigation. I hereby certify under penalty of perjury that the figures reported and statements made herein to the New York City Build it Back Program and the United States Department of Housing and Urban Development are true and correct and that the amount claimed reflects only the amount I incurred in housing expenses for the period claimed.

Applicant/Owner (Print Name)	Signature	Date
------------------------------	-----------	------

Applicant/Owner (Print Name)	Signature	Date
------------------------------	-----------	------

Applicant/Owner (Print Name)	Signature	Date
------------------------------	-----------	------

Instructions for Providing Proof of Expenses

In order to be considered for reimbursement, you must provide documentation proving you paid for an eligible rent or lodging expense. The Program will review all documentation you provide and may contact you or the person you paid to confirm that you paid for the expenses. The documentation provided must show the amount **your household** paid for temporary housing and it cannot include any rent paid by someone else such as a charity or the government.



You cannot submit your first request for reimbursement until you have incurred **greater than 30 days** of temporary housing expenses. If you were required to relocate for more than 30 days, but you did not incur 30 days of temporary housing expenses, you may still submit a claim. You may only submit one Claim form for each 30-day period. You may also submit a Claim form for a period of greater than 30 days if you do not wish to submit a Claim form every 30 days.

Requirements For A Rental Unit

- Provide receipts for rent paid and proof of rental such as a lease, bill, or written statement from a landlord
- Cash receipts, credit card receipts or cancelled checks are acceptable proof if the payee and purpose of the payment are clear
- Only rent may be reimbursed

Requirements For A Hotel, Motel Or Other Similar Daily/Weekly Lodging

- Provide a bill that shows a \$0.00 balance
- The bill must show the **name** and **location** of the hotel, motel or similar lodging arrangements
- The bill must show the dates of the household's stay
- The bill must be addressed to a member of the household

The Following Types of Expenses are Non-Reimbursable

- Fees (including brokers' fees), deposits, pet deposits, pet boarding fees or other associated costs are not reimbursable
- Charges for incidental items such as meals, food, beverages, entertainment, parking spaces, telephone calls or Internet access must be shown separately and such expenses are not reimbursable
- Households may not be reimbursed for utilities (electricity, water, gas) that are not included in the cost of the rental and the Program will not accept utility payment receipts



NYC Build it Back
 Mayor's Housing Recovery Office
 250 Broadway, 24th Floor
 New York, NY 10007

Email: housing@recovery.nyc.gov
 Online: www.nyc.gov/builditback

PROOF OF TEMPORARY HOUSING AFFIDAVIT (F20)

The following form is not required, but it may substitute for a lease, if the landlord does not provide a lease. The applicant must still submit proof of payment.

Instructions: An applicant to the Build it Back Program seeking to provide proof of temporary housing after Hurricane Sandy may ask the owner or landlord of the residence, hotel or other lodging where the applicant resided to complete and sign this affidavit. *Please complete all items and sign and notarize below.*

I, _____ *[name of owner/landlord]*, being duly sworn, hereby deposes and says:

1. I am the owner/landlord of the residence located at:

2. The rental fee charged is \$_____ per month/day/year (please circle one).

3. My contact information is:

Day Phone: _____ Evening Phone: _____ Mobile Phone: _____

Email address: _____

4. _____ *[name of Build it Back applicant]* leased or subleased this residence from me between _____, 20____ *[beginning date]* and _____, 20____ *[end date]*.

 Signature of owner/landlord

Sworn to before me this _____ day of _____ 20____

 Notary Public