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# New York City Build It Back

## Uniform Relocation Act Policy and Procedures Manual

**Version: 3.0**

**Issued: April 2018**

## Revision History

Version Number	Issued Date	Major Changes or Updates
1.0	08/08/2017	<ul style="list-style-type: none"> <li>• Not applicable. Original publication.</li> </ul>
2.0	09/30/2017	<ul style="list-style-type: none"> <li>• Payment of broker fees</li> <li>• Reorganization of Appendices</li> <li>• Inclusion of reimbursement of transportation costs associated with the search for a replacement dwelling.</li> <li>• Inclusion of revised NOE in Appendices regarding the reimbursement of transportation costs as part of Moving Expenses.</li> <li>• Inclusion of new F7C 2017 Income Self-Certification Form for Current Tenants, Appendix B.</li> <li>• Inclusion of new Permanent Displacement Transportation Claim Form, Appendix Y.</li> <li>• Included language regarding the definition of the Initiation of Negotiations.</li> <li>• Restructured entire Appendix Section, including any newly updated forms in use.</li> </ul>
3.0	4/30/2018	<ul style="list-style-type: none"> <li>• Typographical cleanup to ensure consistency across document/process names.</li> <li>• Added clarification that sometimes the \$7200 max benefit may be exceeded in Housing of Last Resort cases.</li> <li>• Added language to reflect that HRO may make case specific determinations on primary residency when warranted.</li> <li>• Added a note that HPD (instead of a broker) performs the comparable dwelling analysis due to the constraints in NYC housing market.</li> <li>• Added references to the URA Payments SOP, in regards to how HRO/CNYCN advances payments</li> <li>• Streamlined process for ensuring compliance with temporarily relocated tenants.</li> <li>• Replaced the URA Certification of Zero Income - Very Low Income</li> <li>• Issue Resolutions follow the same procedures as outlined in Version 2.0 of the Policy Manual for the BIB 1-4 Unit Program.</li> </ul>

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## **1. Summary**

Projects or Programs that use federal funds and result in the involuntary removal of residents from their dwellings—either temporarily or permanently — must meet the requirements of the Uniform Relocation Act (the “URA” or “Act”). The URA does not apply to homeowners participating in Build It Back (“BIB” or the “Program”) if they occupy a home receiving Program assistance because all homeowner participation is voluntary. To the extent the property participating in BIB includes rental units, however, tenants may need to leave their homes due to one of four programmatic pathways: acquisition, rehabilitation, elevation, or reconstruction. Tenants who leave their dwellings due to federally-funded construction or acquisition activities are typically protected by the URA. It is the intent of the Program to minimize displacement of existing residents, advise them of their legal rights, provide relocation counseling and assistance, and compensate tenants in a timely manner for relocation made necessary by such activities.

## **2. Scope and Applicability**

This Policy and Procedures Manual (“Manual”) describes the policies and procedures used to ensure compliance with the URA for tenant occupants whose landlords are participants in the Build it Back program. This Manual is applicable to all employees, vendors, and contractors responsible for reviewing and processing Single Family BIB applicants with renter-occupied units.

## **3. Landlord and Tenant Status Dispositions**

### **3.1 Determining the Tenant Status**

Federal regulations define a tenant as a person who has the temporary use and occupancy of real property owned by another. This definition may include family and extended family members of the property owner, and it does not require that the tenant pay rent. However, family members with partial ownership of the damaged property in question are not considered tenants and are therefore ineligible for relocation benefits under the URA.

In order for a tenant to be considered eligible for relocation benefits, they must be considered a tenant in good standing, meaning no eviction for cause determination has been made against the tenant in a court of law. To ensure that eviction proceedings were not undertaken by the landlord in order to avoid paying relocation costs, the Program relies solely on legal judgments rendered by a court of law, substantiated by proper documentation as evidence for said legal eviction. The Program reviews all available documentation to ensure those actions provide legal grounds for eviction under applicable State and/or local law. Absent documentation of cause, evicted tenants are treated as displaced and provided with URA benefits.

### **3.2 Determining the Landlord Status of Applicant**

All BIB applicants, including applicants that do not have rental units on their property, are required to complete the F16 or F16A form. The F16 and F16A forms are certifications that require the applicant to provide contact information for all current and past tenants, if applicable. These forms are uploaded and stored in the Case Management System (“CMS”), the official system of record for the Program. The Program relies on this document to identify tenants who may be eligible for benefits under the URA. When an applicant has applied to BIB and been identified as a landlord, a Housing Recovery Operations (“HRO”) team member reviews the application in CMS to ensure all necessary documentation has been collected. The review verifies that the applicant is indeed a landlord, and that the F16 or F16A form is complete. If there are noted deficiencies in this documentation, updates are requested from Homeowner Representatives and other Homeowner Services Staff.

A landlord is defined as a BIB applicant who has at least one (1) full-time rental unit<sup>1</sup> on the date of the landlord’s initial application for assistance in the Program and where the tenant is still in residence. In addition, tenants residing in the unit at the time of Superstorm Sandy<sup>2</sup> but vacated solely as a result of the Storm may also be eligible for URA benefits. Furthermore, if construction activities require the relocation of a tenant for more than twelve (12) months, or a rental unit is removed from a structure due to a change in the Certificate of Occupancy (“C of O”), a tenant may be eligible for permanent relocation benefits. HRO relies on the landlord to provide accurate contact information for their tenants on the F16 or F16A form in order to ensure that tenants are made aware of their rights under the Uniform Relocation Act.

After determining that an applicant is a landlord, HRO completes all necessary data entry in CMS as detailed below. Such information includes, but is not limited to:

- Creating a Home Contact for each tenant, thereby creating a URA Tenant Record.
- Selecting “Tenant” in the “Applicant Role” field in the applicable Home Contact Record, even if the tenant does not currently occupy that unit.
- Updating current tenant contact information from the F16 or F16A, in the applicable Home Contact Record.
- If there is a completed F16 in CMS, selecting “Complete” in the “F16 Status” field in the applicable URA Tenant Record.
- In the “Currently Occupied” field in the applicable URA Tenant Record, select

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<sup>1</sup> Full-time occupancy of a rental unit is synonymous to a tenant’s primary residency of that unit.

<sup>2</sup> The date of the storm is October 29, 2012.

“YES” or “NO” based on the current residency of that Tenant as it pertains to the unit in the Damaged Property.

If any of the above information is missing, an HRO team member contacts the Homeowner Representative and creates a task within CMS to collect any missing information from the applicant.

### **3.2 Option Review Meeting**

During the Option Review Meeting (“ORM”), with the landlord, the Application Coordinator (“AC”) provides an overview of the landlord’s relocation obligations. Specifically, the Program requires landlords to pay for reasonably-incurred relocation costs that are associated with the temporary displacement and relocation of their tenants during the rehabilitation or reconstruction of a property. Further details and the obligations of temporary displacement are covered in Section 4 below. This obligation is imposed for up to twelve (12) months of displacement. For assistance provided to permanently displaced tenants, see Section 5 – Permanent Displacement.

The AC also notifies the landlord that he/she is required to enter into a Landlord-Tenant Agreement (“LTA”) with their tenants if those tenants are to be temporarily relocated. The LTA outlines both landlord and tenant obligations related to temporary relocation. It also outlines the tenant’s right to return to the rehabilitated or rebuilt unit at the same rental rate for the remainder of the lease.

During the ORM, the AC ensures that a signed F16 or F16A form has been collected. In cases where no F16/F16A form is found, the AC directs the applicant to submit a signed F16 or F16A form and requires confirmation that the applicant shares the mailing addresses of current and future tenants who reside at the property during the pendency of the landlord’s application for, and receipt of, benefits with the Program. The AC then creates a task for the URA Team in CMS to send the General Information Notice (“GIN”) so that a GIN package can be sent to any new tenants who have not already received one.

### **3.2 End-to-End Certification Review**

In order to ensure due diligence and proper outreach to tenants, all landlord applicants must pass an End-to End Certification Review (“ETE”) in which the following requirements must be met:

- A completed F16 or F16A form must be on file.
- Where units are tenant-occupied, an F7 Income Self-Certification Form for Tenants (“F7”) must be on file for each tenant, with corresponding entries made in CMS.<sup>3</sup> Tenants may refuse to provide income information, in which case the F7 form must be

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<sup>3</sup> The F7 was later revised in 2015 into the F7A and again in 2016 with the F7B. The F7C is the income verification form utilized to record tenant incomes as of August 2017.

marked “Refused.” If there are no tenants listed on the F16/F16A, no F7 is required. Should the tenant refuse to answer, the data fields in CMS that correspond to the demographic questions on the F7 will be updated as “Declined to Answer.”

- Confirmation that the GIN has been sent and uploaded to the URA folder in CMS. If there are no tenants listed on the F16, then no GIN is required.<sup>4</sup>

These conditions complement the existing certification requirements used in the HRO ETE review in order to complete the Eligibility and Benefits Certification worksheet. The purpose of this review is to ensure proper classification of landlord applicants, their tenants, and overall compliance with the URA.

### 3.3 Conditions Affecting Eligibility and Benefits

The following conditions will impact tenant eligibility for URA benefits:

- **Type of Project:** Federally-funded acquisition, rehabilitation, elevation, rebuild, or demolition of an occupied dwelling unit.
- **Tenure of tenant:** Ninety (90) Day Occupants (49 CFR 24.402); occupancy of less than ninety (90) days prior to or after the initiation of negotiations, which is triggered at the time the grant agreement is executed, does not qualify for full URA benefits. Tenants whose occupancy is less than 90 days may qualify for “Last Resort Housing,” under 49 CFR 24.404(c).<sup>5</sup>
- **Temporary relocation versus permanent displacement of tenants:** Tenant’s relocation status will impact the level of assistance.
- **Time:** Temporary relocation longer than 12 months qualifies as permanent displacement as opposed to temporary displacement.
- **Fair Market Rent (or “FMR”):** FMR, as derived by HUD, influences the definition of “affordable housing unit” or “conversion” to “market rate” – implying unaffordable to low-income households. This cost standard will generally exceed rent in the pre-existing displacement housing if subsidized or substandard. Market/actual rent for replacement housing often exceeds FMR. The difference between market/actual rent and FMR influences the replacement housing payment amount.
- **Last Resort Housing Measures:** If a tenant cannot find a comparable replacement

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<sup>4</sup> Applicants are required to provide contact information for any tenant that has resided in the applicant’s property since the time of the storm. In some cases, applicants do not have access to such information and the Program is therefore unable to send a GIN.

<sup>5</sup> URA disqualification of 90-day occupants does not apply if tenant is low-income nor does it exclude tenant entitlement to receive moving allowance payment(s).

dwelling within established monetary limits, they will be provided with alternative assistance under 49 CFR 24.404.

## **4. Required Notices**

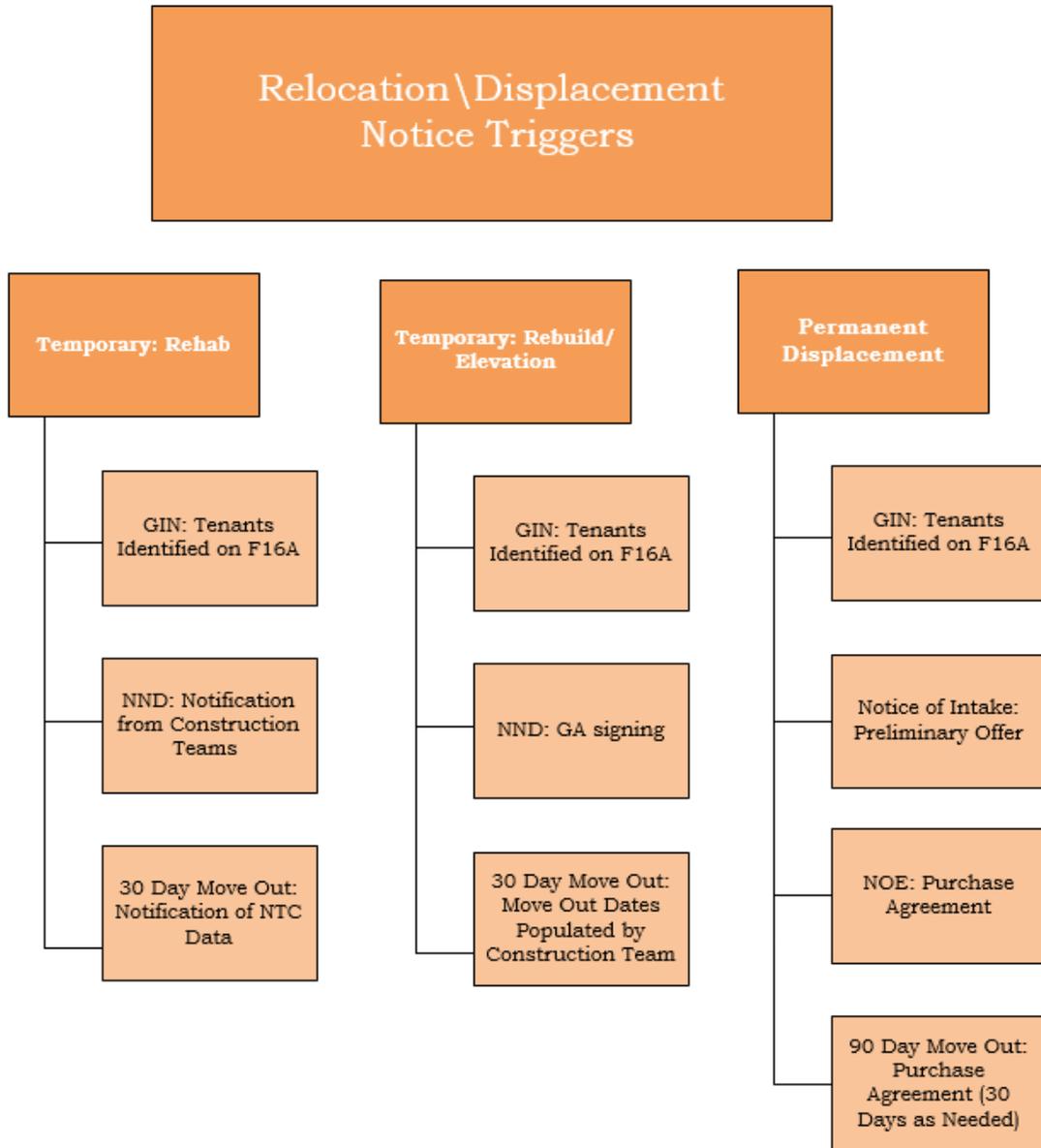
The URA requires that notices be issued to eligible persons (i.e. tenants) at various points during the relocation process. These notices provide important information about the project, the affected persons' resulting rights, their protections, and their eligibility for relocation assistance and payments under the URA. It is critical for agencies to issue appropriate notices to affected persons at the appropriate times. In accordance with 49 CFR 24.5, notices are personally served or sent by certified or registered first-class mail, return receipt requested, and documented in CMS. Notices are written in plain, understandable language. Persons who are unable to read and understand the notices are provided with appropriate translation and counseling. Each notice indicates the name and telephone number of a person who may be contacted for additional assistance.

The certified mail receipt for all notices for permanent displacement and temporary relocation shall be scanned and uploaded to the URA folder in CMS along with a copy of the notices. If HRO does not receive a returned certified mail receipt, notices are personally served to the tenant at a Tenant Advisory Services (“TAS”) meeting, administered by the Center for New York City Neighborhoods (“CNYCN”). In such cases, CNYCN is responsible for uploading a signed copy of the notices to the URA folder in CMS, using the appropriate naming conventions.

### ***Initiation of Negotiations***

The Initiation of Negotiations (“ION”) date corresponds to a landlord applicant’s pathway and the type of relocation/displacement that becomes applicable to a tenant occupant as a result. Permanently displaced tenant occupants are provided with a Notice of Relocation Eligibility (**see Section 4.6**) at ION, corresponding to the date a landlord applicant signs a purchase agreement for acquisition or buyout of their property.

For temporarily relocated tenant occupants, a Notice of Non-Displacement (**see Section 4.5**) is sent at ION, corresponding to the date a landlord applicant signs a Construction Grant Agreement. Temporarily relocated tenant occupants that are displaced for 365 days or more are sent a Permanent Displacement Intake Notice (**see Section 4.3**) with a permanent displacement eligibility date corresponding to the tenant occupant’s 366th day of displacement.



**Figure 1:** Relocation/ Displacement Notice Triggers. BIB application milestones act as triggers for each URA required notice, as represented in the figure above.

### 4.1 General Information Notice

As soon as the Program is made aware of a tenant, HRO will provide them with a General Information Notice (“GIN”) informing affected persons of the project that they may be displaced due to federally-funded construction or acquisition activities. This notice also informs tenants of the following:

- That a notice of eligibility will follow and that they should not move out until instructed to do so (if they move before receiving further instructions from the Program, they may be ineligible to receive relocation assistance);
- That they must continue to comply with all applicable lease/renter obligations they had previously agreed to;
- That, pursuant to Public Law 105-117, any alien non-citizen not lawfully present in the United States is not eligible for relocation assistance, unless that ineligibility would result in exceptional or extremely unusual hardship to an otherwise qualifying spouse, parent or child;
- Of their eligibility for relocation assistance and advisory services, a ninety (90) day notice to vacate, payment for moving expenses, and replacement housing;
- Of their right to appeal.

## **4.2 Mailing the General Information Notice**

HRO sends out a GIN package to each past and present tenant according to contact information identified on the F16 or F16A form. This package includes a GIN notifying an applicant’s tenants that they may be entitled to URA benefits. Additionally, tenants receive a list of Frequently Asked Questions (“FAQs”) and the F7 Income Self-Certification Form for Tenants. The GIN package must be sent by certified mail, with a return receipt requested. The HRO team member completes the following steps:

- Create a URA folder in the Documents tab in the landlord’s file in CMS;
- Upload the certified mail receipt to the URA folder;
- Upload a copy of the GIN to the URA folder;
- Upload the return receipt to the URA folder once it is returned.

At this stage, the landlord may proceed to the ORM stage (section 4.2 above). In cases where a landlord is scheduled for an ORM prior to their tenant having received the required GIN, the landlord may only proceed with the ORM if a “GIN Needed” task is created in CMS, ensuring that the HRO URA team provides the required notice to the tenant. If the GIN is returned as refused or unclaimed, HRO will make a second attempt to send out the GIN package and contact the tenant.

## **4.3 Permanent Displacement Intake Notice**

A URA **Permanent Displacement Intake Notice** is mailed when an Acquisition team member notifies HRO that the Preliminary Offer Worksheet and Options Selection Agreement have been signed. The Intake Notice instructs tenant to reach out to the Build It Back Counseling Hotline if they have not already been contacted for a Tenant Advisory Services (“TAS”) Meeting.

Tenants who occupy units in a construction pathway with a relocation period that exceeds 365 days may be considered for permanent displacement rental assistance. The HRO team tracks temporary relocation durations and offers permanent displacement benefits to those who are eligible. These tenants will receive a Temporary Relocation – Notice of Intake followed by a Notice of Eligibility (“NOE”). Tenants receiving Section 8 benefits may also be given the opportunity to apply for permanent displacement benefits.

#### 4.4 Notice of Eligibility Confirmation

All permanently displaced tenants who apply for rental assistance benefits will undergo an eligibility review. Upon completion of that review, HRO will send those tenants a **Notice of Permanent Displacement Eligibility Confirmation**.

#### 4.5 Notice of Non-Displacement

The **Notice of Non-Displacement** (“NND”) notifies a tenant that they may be required to relocate temporarily as a result of federally funded construction or acquisition activities at the damaged property address. Additionally, the Landlord Tenant Agreement (“LTA”) is sent to the landlord concurrently with the mailing of the NND for the landlord to review and sign prior to relocating their tenant and progressing with Program activities. Information included in the NND includes, but is not limited to, the following:

- Notification that a federal award is approved;
- That the tenant will not be displaced but rehabilitation work will require a temporary move from the Property, if applicable;
- Instructions that the tenant is not required to relocate until a Move-out Notice is received;
- Instructions that the tenant must continue to comply with lease obligations or risk losing eligibility and relocation assistance;
- Further information on relocation assistance and available resources.

#### 4.6 Notice of Relocation Eligibility

The required **Notice of Relocation Eligibility** (“NOE”) informs tenant occupants that they will be permanently displaced by a federally-funded acquisition, buyout, or construction project and that they may be eligible for relocation assistance. This notice establishes eligibility for relocation assistance and outlines the corresponding rental assistance and moving benefit.

The NOE is sent by certified mail to the tenant occupant household within seven (7) to ten (10) days of the Initiation of Negotiations (“NOI”) (e.g., corresponding to the date of the purchase or

grant agreement signing, depending on a landlord applicant's project pathway). Per the URA, the NOE includes information pertaining to the following:

- Notification that a federal award is approved;
- Notification that the tenant will be displaced by the project;
- Effective date of eligibility for assistance;
- Instructions that the tenant is not required to relocate until a Move-out Notice is received;
- Instructions that the tenant must continue to comply with lease obligations or risk losing eligibility and relocation assistance;
- A thorough market and comparability analysis;
- Moving payment options related to fixed costs, specific costs, or combination of self and commercial move;
- A brief explanation regarding how rental assistance payments will be disbursed by the Program;
- The price or rent used for establishing the upper limit of the replacement housing payment and the basis for the determination;
- Information advising displaced person in writing of the specific comparable replacement dwelling made available to them;
- Relocation assistance and other resources that may be available to the tenant;
- A minimum of three comparable dwellings available to the tenant;
- The maximum rental assistance benefit available.

#### **4.7 Move Out Notice**

HUD recommends that tenants who relocate temporarily should be provided with reasonable advance notice of when the tenant will be required to vacate his or her unit.

Per HUD regulations, permanently displaced tenants are entitled to a **Ninety (90) Day Notice**. The Ninety Day Notice provides tenants with an estimated move-out date that is the earliest date by which the tenant may be required to move. The notice informs the tenant that they will not be required to move earlier than ninety (90) days after at least one comparable dwelling is made available. In this notice, the tenant is explicitly made aware of the fact that they will not be required to move out until, at the earliest, a comparable dwelling is made available to them. A notice providing the specific date by which the tenant must move is provided with at least thirty (30) days of notice.

The only valid exceptions for not issuing the Ninety (90) Day Notice are as follows:

- There is no structure, growing stock, or personal property on the real property;

- The tenant made an informed decision to relocate and vacate the property without prior notice to the property owner;
- The tenant is an unlawful occupant;
- In cases where the tenant is first considered temporarily relocated but later classified as permanently displaced as a result of a construction project taking longer than twelve (12) months and the tenant elects to return to his or her original unit after construction;
- For extreme health and safety reasons tenants may be required to move in less than ninety (90) days.

As necessary, HRO may contact tenants, phone and/or mail, with additional information regarding a move-out date. The Move-out Notice may be sent with, but never prior to, the NOE or NND.

#### **4.8 Triggering Relocation Notices for Permanently Displaced Tenants**

An HRO team member is responsible for monitoring and reviewing Acquisition program applications requiring URA action. An Acquisition program team member provides a complete list of applications requiring review to HRO. Once identified, current and past tenants are sent a GIN package by certified mail if they have not already received one.

A **URA Permanent Displacement Intake Notice** is mailed when an Acquisition team member notifies HRO that the Preliminary Offer Worksheet and Options Selection Agreement have been signed. The Intake Notice instructs tenant to reach out to the Build it Back Counseling Hotline, if they have not already been contacted for a Tenant Advisory Services Meeting. After all required documentation has been collected and the Department of Housing Preservation and Development (“HPD”) completes the Comparable Dwelling Worksheet, they generate a Notice of Relocation Eligibility (“NOE”) and create a task in CMS to HRO’s URA Team. HRO then sends the NOE and the Ninety (90) Day Notice within seven (7) days of the purchase agreement signing. A Thirty (30) Day Move-out Notice is then triggered when HRO completes an eligibility review and determines that the tenant in question is eligible to receive relocation benefits and a more specific move out date is available.

#### **4.9 Triggering Relocation Notices for Temporarily Displaced Tenants**

If temporary relocation is required for a home in the Rehabilitation pathway, the NND is triggered by confirmation of the required relocation by the Contractor and the HRO Rehabilitation Construction team. The Move Out Notice is triggered when the Notice to Commence (“NTC”) is assigned by the HRO Rehabilitation team.

If temporary relocation is required for a home in a Rebuild or Elevation pathway, the NND is

triggered by the Grant Agreement signing. The Move Out Notice is triggered by the move out date assigned in CMS by the HRO or the Department of Design and Construction (“DDC”) Construction teams. In order to ensure effective tracking of this population, a daily Move Out report is shared with the URA Team showing both new move out dates and changes in pre-existing move out dates. This list is used to account for all tenant move out dates and confirm that proper notices have been sent in a timely manner.

## **5. Temporary Relocation**

Temporary relocation occurs when a tenant must relocate as a result of federally-funded construction activities and that relocation duration lasts no longer than twelve (12) months. HRO is committed to ensuring that tenants who are temporarily relocated as a result of BIB activities receive benefits consistent with the Act.

### **5.1 Advisory Services**

#### **5.1.1 Scheduling Tenant Advisory Services Meeting**

After the GIN and NND have been sent and the need for temporary relocation has been confirmed by HRO, tenants that must be temporarily relocated are contacted by the Center for New York City Neighborhoods (“CNYCN”), the Program’s counseling vendor. This is accomplished by creating and assigning a task in CMS to CNYCN with the category “Counseling – Tenant Advisory Services.”

CNYCN contacts and schedules the tenant for an advisory services counseling session. In order to avoid any potential conflicts of interest, the scheduler attempts to schedule the tenant with an agency that does not provide counseling services to the landlord. The landlord may be invited to participate in this meeting if the tenant desires. All phone call and outreach activity is recorded in CMS.

During the scheduling call, CNYCN Hotline representatives remind the tenant to bring any relevant documents to the TAS session (e.g., lease, Program notices, etc.), including photo identification. CNYCN verifies the name and identity of the tenant at the meeting. Staff should be prepared to discuss a list of the documents needed and to ask the tenant if they require any of the following:

- A language specialist;
- A home visit or special needs due to mobility limitations;
- Services for sight or hearing impairment or other special needs.

### **5.1.2 Tenant Advisory Services (“TAS”) Session and the TAS Certification**

During this meeting, tenants who are temporarily relocated are provided with the rights and conditions of their temporary relocation. Tenants are presented with the Landlord Tenant Agreement (“LTA”) indicating that they understand their potential relocation benefits, that their landlord is obligated to provide reimbursement for their temporary relocation costs, and that they should contact HRO and/or CNYCN if their landlord is uncooperative. If a signed GIN or NND certified mail receipt is missing from CMS, CNYCN is responsible for collecting one at TAS session. In addition, tenants are also asked to update their contact information and F7 form to ensure that the program has obtained updated income and demographic information for the tenant’s household.

Finally, at the conclusion of the TAS session, a tenant will be prompted to sign a URA TAS Certification. This document certifies that they understand their rights and responsibilities as a displaced tenant, including:

- Their rights as a temporarily relocated or permanently displaced tenant under the Uniform Relocation Act (49 CFR Part 24);
- That they have been provided with points of contact if questions arise in need of general information;
- That as a temporarily relocated tenant, they are responsible for raising concerns, escalations, or issues to the Program if their landlord is not fulfilling their obligations under the LTA throughout the duration of the temporary relocation;
- That as a permanently relocated tenant,
  - They are responsible for providing additional documentation on the household income and replacement dwelling;
  - They are responsible for scheduling additional appointments with the Program for placement services, reviewing rental assistance or down payment assistance claims, and the receipt of payment checks;
  - They understand that eligibility for financial assistance will not come into effect until their landlord and the Program have executed a Purchase Sale Agreement to sell the property.
- If still occupying the assisted dwelling, they understand that the tenant will not be required to relocate prior to receiving a Thirty (30) Day Move Out Notice from the Program.

TAS Certifications should be uploaded in the URA Folder in the Documents entity of CMS.

### **5.1.3 Landlord Tenant Agreement**

The Landlord Tenant Agreement (“LTA”) is a legally binding agreement between the landlord and tenant and required by the Program in order for the landlord-applicant to proceed with a construction

project where tenant relocation may be required.

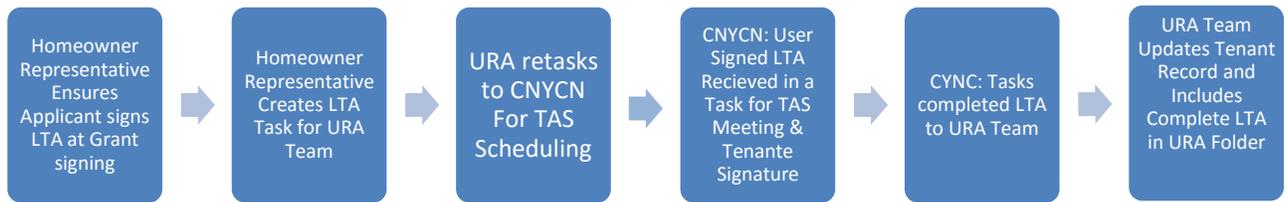
The Landlord Tenant Agreement guarantees a tenant's receipt of temporary relocation benefits under the URA because, in addition to potential relief provided by the Program, tenants are also provided with an independent cause of action, enforceable in any court of competent jurisdiction, to receive the benefit of their bargain backed by all the power of the judicial system. This includes, but is not limited to, the potential for civil damages and criminal contempt.

Tenant rights and obligations under the LTA include the following:

- The tenant is given the right to re-occupy his or her unit once work is completed, at a rental rate equivalent to the rate that existed prior to the rehabilitation or reconstruction for the length of the lease period.
- If a lease ends during the relocation period, the parties must agree to enter into a new, year-long lease at a rental rate equal to the rate prior to rehabilitation or reconstruction.
- The tenant agrees to complete and sign the F7 Income Self-Certification Form.
- The tenant commits to moving out of the property by the given move-out date so as not to delay construction activity: the tenant understands that landlords will be notified of penalties for noncompliance.

Counselors may provide the tenant with information on any other City, State and/or Federal programs offering relocation or other relevant forms of assistance. Counselors also advise tenants on the availability of other applicable non-profit, philanthropic, or volunteer grants and/or services. Counselors attempt to mediate any landlord-tenant disputes. If the counselors are unsuccessful in negotiating a resolution to a landlord-tenant dispute, they may refer landlords and tenants to third-party mediation services.

The counselor completes a TAS Session Record certifying the key outcomes of the session and submit this deliverable to HRO. The counselor also uploads the signed F7 to a folder titled "Updated Income Verification" in the applicant's CMS documents. Additionally, CNYCN is responsible for updating HRO when a TAS session has been completed. Before a TAS meeting is scheduled or held, the HRO homeowner representative is responsible for ensuring that the applicant signs the Landlord Tenant Agreement at Grant signing, as demonstrated in Figure 2 (below).



**Figure 2:** Landlord Tenant Agreement Process Flow.

### 5.1.4 Updating CMS - TAS Outcomes

After the date of the scheduled meeting has passed, CNYCN confirms with the counselor that the tenant attended the appointment and reviews the TAS Session Record. Depending on the outcome of the session, CNYCN takes the following steps:

- *Tenant completed session and signed LTA:* CNYCN uploads the signed LTA and TAS Session Record, Revised F7, signed NND, marks the case complete, notes that the LTA was signed, and enters a closing date.
- *Tenant completed session and did not sign LTA:* CNYCN uploads the TAS Session Record, Revised F7, signed NND, notes that the session was completed, and that tenant did not sign the LTA.
- *Tenant did not attend session:* CNYCN notes in CMS that the tenant did not attend the session and contacts the tenant to reschedule.

Upon completion of this session, CNYCN contacts the landlord by phone and explains that in order to continue in the Program, the landlord must return the LTA signed by the landlord and tenant(s). A Program applicant is required to sign an LTA regardless of whether or not a tenant has already done so. If a landlord fails to sign the LTA in a reasonable time, that landlord may be withdrawn from the Program.

### 5.1.5 Tenants Who Decline Advisory Services or are Unresponsive

The Program continues to offer advisory services to tenants who may need to be temporarily relocated either until the tenant has attended said advisory services session, declines advisory services, or the tenant is considered unresponsive to the Program’s offer of advisory services.

Before a tenant is considered unresponsive, the Program attempts to contact the tenant a minimum of three times, using all forms of telephone and email contacts provided to the Program. All attempts are documented in CMS via the Activities records. If the tenant is unresponsive or declines counseling, CNYCN notifies the landlord that they have attempted to reach the tenant, informs the

landlord that the tenant's execution of an LTA is required for the landlord to continue in the program, and provides the landlord with contact information for BIB Counseling.

Even when tenants continue to be unresponsive, the requirement for landlords to sign the LTA remains. Where possible, tenants who decline counseling or potential URA benefits should sign a **Voluntary Refusal of URA Benefits** certifying that they have declined advisory services and understand the potential benefits being offered to them. CNYCN is responsible for uploading these signed documents to the URA folder.

## **5.2 Compensatory Payments**

Landlords provide temporarily relocated tenants with payments for all reasonable out-of-pocket expenses incurred in connection with their temporary relocation. Tenants understand that they are responsible for paying their current monthly rent, either to existing landlord or to the "new" landlord associated with their temporary relocation dwelling. The existing landlord (the Program applicant) may choose to continue to collect rent from the tenant, however, the landlord understands that they are then responsible for paying rent associated with the temporary relocation dwelling directly to the new landlord, including the rent differential for temporary housing during the period of the tenant's relocation. If a tenant chooses to pay rent directly to the new landlord at the temporary relocation dwelling, the existing landlord maintains responsibility for payment of the rent differential, where applicable.

Thus, reasonable out-of-pocket expenses pertaining to the existing landlord include the loss of income associated with rent from current tenant while tenant is temporarily displaced, in addition to potential rent differential for temporary housing, including the cost of a hotel, and moving expenses to and from unit. Moving expenses incurred by the tenant are reimbursed by the landlord up to the actual reasonable costs incurred as a result of the move. These costs must be supported with documentation. Additional eligible costs may include the disconnection and reconnection fees associated with necessary utilities, and the cost of transferring telephone, cable, and internet service. Since deposits are refundable, they are not eligible for reimbursement. The LTA provides further detail on what costs are considered reasonable and what standards of housing are required.

Homeowners and tenants should maintain receipts for their records in the event that the Program conducts an audit requiring further documentation. The LTA also requires homeowners and tenants to maintain receipts and personal records and to fully cooperate with any audit by City audit entities. The Program will follow up with all temporarily relocated tenants to ensure that no out of pocket expenses have been incurred by the tenant in association with their temporary relocation (see Section 5.2.1 below).

### **5.2.1 Verifying Relocation Benefits for Temporarily Relocated Tenants**

The Program follows up with tenants in regards to their temporary relocation via mail and email (where applicable). The purpose of this outreach is to ensure that tenants who were required to relocate due to Build It Back construction activities are aware of:

- Their rights under the Uniform Relocation Act;
- their landlord’s responsibilities as they pertain to temporary relocation and the Landlord Tenant Agreement;
- resources available to tenants, including counseling and potential payment for costs incurred during relocation

Tenants are provided with a contact for the Build It Back Counseling Hotline and a URA email address. They can ask questions, meet with counselors, and submit Temporary Relocation Expense claims, with supporting documentation, showing costs that they incurred directly as a result of their temporary relocation and not covered by their landlord, in keeping with the Landlord Tenant Agreement and Grant Agreement.

CNYCN works with tenants to help them submit appropriate documentation and make payments to eligible tenants, subject to HRO and HPD approval.

### **5.3 Temporary Relocation Documentation**

CMS is to be used as a repository to store scanned copies of all sent notices and signed temporary relocation documents. At a minimum, the uploading of the following notices and temporary relocation documents are required:

- GIN;
- Notice of Non-Displacement;
- 30 Day Move-out Notice;
- Landlord Tenant Agreement (LTA);
- Landlord Tenant Agreement (LTA) Cover Letter ;
- F16 or F16A;
- F7, F7A, F7B, or F7C
- Any appeals filed by the applicant or tenant as well as the Program’s response;
- Pathway Verification Review (“PVR”) Notice;
- Temporary Relocation – Notice of Intake;
- Notice of URA Ineligibility – Landlord Withdrawal;
- Voluntary Refusal of URA Benefits;

- All applicable Certified Mail Receipts.

## **5.4 Change of Tenant Status from Temporary Relocation to Permanent Displacement**

If the initial tenant relocation period is less than one year, a tenant is considered temporarily relocated. However, if the temporary relocation period extends beyond that first year, the Program will offer the tenant the option to receive permanent displacement benefits if they choose not to return to his or her pre-construction unit. The tenant has the choice to remain temporarily relocated until they can return to their original dwelling, or may choose not to return to their original dwelling in which case he or she is considered permanently displaced.

In addition, any tenants receiving Section 8 benefits who are required to relocate temporarily are given the option to receive permanent displacement assistance as further outlined below in Section 6.1.4. If temporary relocation is preferred by the tenant, HRO works with the tenant on a case-by-case basis with the applicable administering agency to facilitate a temporary Section 8 Voucher transfer, if possible.

## **5.5 Pathway Verification Review**

In January 2017, the Program began reviewing proposed elevation and reconstruction projects that had not yet started construction using the Program's updated substantial damage ("SD") and substantial improvement ("SI") calculation methodologies. The purpose of these reviews, known as Pathway Verification Reviews ("PVR"), is to verify whether the Program's preliminary determination that it would elevate or reconstruct a home is the most feasible and cost-effective construction alternative in light of the updated SD/SI calculation methodologies. If the revised calculation demonstrates that elevation is no longer feasible, the Program may flip the applicant's pathway to Repair, Reimbursement, or Repair with Reimbursement. The Program may also offer Acquisition, Relocation, or Buyout when appropriate.

In conjunction with recalculating substantial damage and substantial improvement, the Program also established criteria for determining whether a structure that no longer was required to be elevated was still eligible for elevation assistance under the Program's Optional/Discretionary Elevation policy. Such criteria include, but are not limited to:

- Whether the structure is currently in compliance with effective elevation height requirements;
- The minimum elevation height required in order to bring the structure into compliance with Appendix G of the New York City Build Code; and
- The feasibility and cost of the elevation and/or reconstruction project.

Applicants whose pathway was changed as a result of PVR are notified by the Program. The

Program also notifies tenants of any changes in pathway through certified mail. If The Program has determined that temporary relocation due to construction activities on the property is not required, the tenant is no longer required to move out and therefore may no longer be considered eligible for displacement benefits under the URA.

In cases where a tenant has already moved out, the URA Team works with the Homeowner Services Team to ensure that landlords are fulfilling their obligations under the LTA and that tenants are provided with the opportunity to move back into their original dwelling, if so desired. In specialized cases, tenants may be qualified for permanent displacement benefits.

All applicable tenants are sent the formal Pathway Verification Review (Move Out Not Required) Notice.

## **5.6 Landlord's Failure to Provide Relocation Assistance**

If the landlord fails to fulfill the obligations outlined in the LTA, the landlord may be found in default of the Agreement. Landlord's default of this Agreement may result in default of the landlord's Construction Grant and Subrogation Agreement (the "Grant Agreement") with the City as part of the Program.

Upon declaring an applicant in default of the Grant Agreement, at its discretion, the City may take any or all of the following actions:

- Terminate the Grant Agreement and/or agreements signed with contractors participating in the Program, as applicable;
- Stop work on the Property or direct contractor to stop work on the Property, either temporarily or permanently; and/or
- Demand recapture for all or a portion of the benefits that have been issued to the applicant.

Additionally, if a tenant makes HRO aware that a landlord is refusing to pay for relocation benefits or renew a lease or unlawfully attempting to evict a tenant in order to avoid incurring costs related to tenant relocation, HRO will investigate the case and determine if the tenant is eligible for permanent displacement benefits and whether or not the applicant has been noncompliant.

## **6. Permanent Displacement**

Permanent displacement occurs when a tenant must relocate from a rental unit where federally funded construction activities lasting more than twelve (12) months, or acquisition/buyout activities, require the permanent relocation of a tenant.

The Acquisition program does not purchase property that is or will remain occupied. The intended purpose of the Acquisition Program is to acquire residential dwellings that have been deemed

substantially damaged and, where appropriate, demolish those homes. Thus, tenants occupying properties being acquired by the Program may be eligible to receive relocation benefits under URA. Furthermore, tenants who were permanently displaced by the storm from these properties may also be eligible to receive benefits under URA.

A household may qualify for either rental assistance payments or, should the displaced resident choose to purchase a home, a lump sum for down payment assistance. CDBG-DR funds may not be used for relocation assistance if the replacement unit does not meet the definition of Decent, Safe and Sanitary (“DSS”) housing.

Permanently displaced tenants must receive:

- A replacement unit that meets suitable DSS standards;
- Advance written notice of the move-out date;
- Documented terms and conditions of benefit eligibility (communicated in the NOE); and
- Reimbursement of all reasonable out-of-pocket moving expenses and any increase in monthly rent and utility costs at replacement unit for the time determined by URA.

HRO works closely with vendors, other City agencies, and philanthropic organizations in utilizing existing resources and infrastructure to ensure that tenants’ needs are met. The breakdown of these responsibilities is as follows:

<b>Responsibility</b>	<b>Agency/Vendor</b>
<b>Tenant Identification</b>	HRO
<b>Sending of Notices</b>	HRO
<b>Counseling/Intake</b>	CNYCN
<b>Eligibility determination</b>	HRO
<b>Comparable Dwelling Analysis</b>	HPD
<b>Benefit Calculation</b>	HPD
<b>Placement Services</b>	CNYCN
<b>HQS Inspection</b>	HPD
<b>Payment</b>	HPD

6.1 Advisory Services

**6.1.1 Scheduling Intake Meeting for Permanently Displaced Tenants**

HRO sends tenants who are to be permanently displaced a Notice of Intakewith information on how to begin the application process to receive URA benefits. HRO then provides the list of displaced tenants to CNYCN to be scheduled for an intake meeting. HRO uses CMS to send Permanent Displacement Intake Tasks to CNYCN. CNYCN conducts outreach to tenants via telephone and/or email in order to schedule an intake appointment. In preparation for the meeting,

tenants are instructed on the types of documents required for application processing. Additionally, CNYCN is responsible for re-tasking back to HRO's URA Team and noting outreach outcomes (e.g., scheduled, unresponsive, and declined). For unresponsive tenants, a minimum of three (3) phone calls and one email attempt must be made. When a tenant has been scheduled, a Service Activity in CMS shall be created.

### **6.1.2 Special Needs Accommodations**

While scheduling the intake meeting, the counselor asks the tenant if they require any of the following services:

- Language specialist or translation services;
- Home visit due to mobility limitations;
- Services for sight or hearing impairment; or
- Services for other special needs.

Special needs accommodation requests are handled on a case-by-case basis. CNYCN notifies HRO of any special requests made by tenants.

### **6.1.3 Intake Meeting (Tenant Advisory Services Session)**

Intake meetings are scheduled after the Program sends the Notice of Intake and in preparation of sending the Notice of Relocation Eligibility. Tenants have an opportunity to contact the Build it Back Counseling Hotline directly in order to schedule an intake meeting, while HRO also tasks CNYCN to conduct outreach to tenants.

At the intake meeting, the tenant is given an overview of their potential URA benefits and the issue resolution process, should any future HRO determination be contested. The counselor gives the tenant a *NYC CDBG Rental Assistance Application for URA Benefits and Displacement Dwelling Form* (see **Appendices K and L**) to complete and collects it and other required supplemental documents. The tenant is given an opportunity to review their application in order to ensure that it is complete and accurate, and receives a signed and dated copy for their records. Counselors work with tenants to collect documentation needed to meet HRO's eligibility criteria for relocation benefits. Tenants are also given guidance as to what documentation will be needed to calculate their replacement housing and moving expense payment(s). Tenants should complete the TAS Certification at the end of their counseling session.

### **6.1.4 Section 8 Tenants**

Some properties in the CDBG-DR Program are occupied by households receiving rental assistance through the Housing Choice Voucher ("HCV") Program, more commonly known as Section 8. Any

tenant displaced by the CDBG-DR Program who also receives rental assistance through Section 8 has the opportunity to relocate with that rental subsidy assistance to an equivalent replacement dwelling of their choosing. Additionally, any tenant displaced by the CDBG-DR Program who is eligible for Section 8 has the opportunity to apply for this type of assistance. Section 8 voucher holders should be instructed to complete the Section 8 Move Request Form and return it to the administering agency providing them assistance (e.g. HPD or the New York City Housing Authority (“NYCHA”). Section 8 tenants should work directly with the administering agency to ensure they continue to receive assistance while concurrently working through the URA process. Also, since moving expenses are not covered under Section 8, they are eligible for reimbursement under URA.

In lieu of the DSS inspection, the replacement dwelling unit for Section 8 recipients must meet the Housing Quality Standards (“HQS”) set forth in 24 CFR Part 982 before assistance can be paid on behalf of a family and at least annually throughout the term of the assisted tenancy. HQS define “standard housing” and establish the minimum criteria for the health and safety of program participants.

### **6.1.5 Tenant Verification**

Counselors verify, by photo identification, the name and identity of the tenant listed on the application at the intake meeting.

### **6.1.6 Explanation of Benefits**

Counselors are responsible for providing an explanation of the potential URA benefits an individual may be entitled to. Tenants who are displaced in connection with federally-funded projects may be eligible to receive advisory services and replacement housing payment(s). Tenants may also be eligible to receive a benefit that covers moving expenses associated with relocation to their Comparable Replacement Dwelling, including transfer charges (e.g., utility, cable, phones, etc.) incurred as a result of relocation. Tenants may also be eligible to receive replacement housing payment(s) to rent or buy a replacement home.

## **6.2 Eligibility Review**

HRO reviews each tenant’s application to verify that the permanently displaced tenant is eligible to receive URA benefits. Tenants may be required to provide documentation or sworn statements to substantiate their application if HRO deems an application to be incomplete. In such cases, CNYCN contacts the tenant to request the required documentation. Eligibility for URA benefits is solely determined by HRO. HRO will complete this review using the *CDBG Rental Assistance Application Eligibility Checklist* (see **Appendix K**) and upload that form into the CMS URA Tenant Record.

*Eligibility Criteria*

To be considered a permanently displaced person applying for URA benefits, a tenant must be:

- Currently residing as a primary residence (or were residing as a primary residence at the time of Superstorm Sandy and vacated solely due to the storm) in a building that meets the following requirements:
  - Is to be acquired by the program; or
  - Is in a construction program pathway for a duration of longer than twelve (12) months; or
  - Is a rental unit that will be removed from the structure due to a change in the use of the Property.
- No longer able to return to the rental unit after being temporarily displaced; and
- Either a United States Citizen or qualified alien/

All tenants that complete a URA eligibility review are sent a Notice of Eligibility Confirmation.

### **6.2.1 Required Documentation for Permanently Displaced Tenants**

The following sections describe the supporting documentation required to determine if the applicant is eligible for URA benefits. Tenants who meet the requirements listed below in Categories A through D will be sent a Notice of Eligibility Confirmation. After a tenant is deemed eligible by HRO, HPD will use the documentation submitted at intake to complete the Comparable Dwelling Worksheet. The worksheet will be sent in conjunction with the Notice of Relocation Eligibility (“NOE”).

HRO has determined that tenants applying for relocation assistance must provide a minimum of one (1) document from each of the four (4) listed below:

- A. Primary Residency:** The tenant must have occupied the Hurricane Sandy affected dwelling as their primary residence for the past ninety (90 days) or longer, or have occupied the unit at the time of the storm and left solely as a result of the storm. For documentation to be considered valid, it must meet all of the following criteria:
- The tenant’s name must appear on all documents.
  - Documentation must be clearly dated within the date range(s) as noted above.
  - The damaged property address, as noted on the application, must appear on the documentation presented.

The tenant must provide one documents from any of the three (3) subcategories below in order to prove primary residency:

<b>Government-Issued Identification</b>	<b>Other Government Issued Documentation</b>	<b>Other</b>
NYS Driver's License	2012 Federal Tax Return	Utility Bills
NYS Non-Driver ID Card	Receipt of governmental benefits (e.g., SSA, SSI), dated within the last ninety (90) days.	Rent Checks
		Lease Agreement
		Bank or Credit Card Statement(s)
	Vehicle registration	Computer Printed Pay Stub

For tenants who are currently in occupancy at the displacement unit, documentation must be dated within ninety (90) calendar days from the date of application. However, for tenants who were in occupancy at the damaged property at the time of Hurricane Sandy and vacated the unit solely as a result of the storm, documentation must be dated within ninety (90) calendar days from the date of the storm, October 29, 2012.

In addition, HRO may make case specific determinations based on other documentation submitted by the tenant(s) in order to prove primary residency, so long as the documentation tends to show that the tenant lived in the damaged property at the time in question. Any case specific determinations will be approved by HRO's Director (or the Director's designee) and documented in HRO's content management system of record.

**B. Proof of Identification:** The tenant is required to provide one non-expired, government-issued photo identification documents as listed below:

<b>Proof of Identification</b>
Driver's License;
State or City Issued Identification Card;
Passport or Passport Card;
Permanent Resident Card;
Military ID; or
Other Official State or Federal Photo Identification

C. **Proof of Income**: The tenant is required to provide one of the following income documents listed below:

Proof of Income
Federal 1040 Tax Return Form
Certification of Zero Income
Proof of wages and/or eligible deductions if no Federal 1040 Tax Return Form is available

D. **Citizenship or Qualified Immigrant Status**: In line with Federal requirements, an alien who is not a "qualified alien" as defined by the Personal Responsibility and Work Opportunity Reconciliation Act ("PRWORA") of 1996 is not eligible for any grant, contract, or loan provided by a federal agency or through appropriated federal funds. In contrast, qualified aliens (e.g. legal permanent residents, refugees) are eligible to apply for assistance under the Program.<sup>6</sup>

In order to prove citizenship or qualified immigrant status, the tenant must provide one of the following documents:

Proof of Citizenship or Qualified Immigrant Status
Current or expired U.S. Passport or U.S. Passport Card matching name on application
Valid U.S. Birth Certificate
Certificate of Naturalization
Certificate of Citizenship

Tenants who provide birth certificates from United States Territories (Guam, Puerto Rico, the Northern Mariana Islands and the US Virgin Islands) or who would otherwise be considered United States citizens pursuant to federal law (such as being born in the Former Panama Canal Zone or outside of the United States with at least one parent who was a US citizen) shall be considered a US citizen.

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<sup>6</sup> However, in the event that HRO determines that denial of URA assistance will result in an exceptional and extremely unusual hardship to such person's spouse, parent, or child who is a citizen of the United States, or is an alien lawfully admitted for permanent residence in the United States, an exception will be allowed. HRO will document all exceptions and upload them to CMS.

To prove citizenship, the Program relies on documentation provided by the tenant. To prove qualified alien status, the Program relies on the SAVE database (Systematic Alien Verification for Entitlements) administered by the US Citizenship and Immigration Services. The tenant provides an Alien Number, or an I-94 Admission Number, to facilitate a SAVE screening. CNYCN will scan or upload a clear copy of all documents into CMS.

### **6.2.2 Notice of Ineligibility**

HRO promptly sends out a Notice of Ineligibility when a tenant is determined to be ineligible for URA benefits.

### **6.3 Comparable Dwelling Worksheet**

Once CNYCN has completed the intake meeting and explanation of benefits, and HRO has determined that a tenant is eligible for URA benefits, HPD uses the *NYC CDBG Rental Assistance Application for Benefits – Supplemental Information on Displacement Dwelling* (see **Appendix L**) to complete the Comparable Dwelling Worksheet and to calculate the tenant’s URA benefits. In addition, if the tenant is a current recipient of Section 8 benefits, HPD and CNYCN work closely with them to identify any additional assistance that they may be entitled to under URA.

Due to constraints in the New York City Metropolitan real estate market (including the limited and transient nature of available housing units), HPD does not rely on a broker to complete a comparable dwelling analysis. Instead, HPD collects the information listed below on the displacement dwelling and three (3) comparable dwellings and conducts a desktop analysis in order to complete the Comparable Dwelling Worksheet that is presented to the tenant:

- Rental listings from residential listings websites;
- Flood zone from [www.FloodHelpNY.org](http://www.FloodHelpNY.org);
- Property assessment indicating type of construction, condition, and other characteristics from the NYC Department of Finance;
- Certificate of Occupancy from NYC Department of Buildings;
- Travel time analysis from an online route planner, such as Google Maps;
- Neighborhood quality analysis supported by information from the Department of City Planning, U.S. Census Bureau, and real estate listings websites.

Of the three (3) comparable dwellings, HPD will select the most representative comparable replacement dwelling, based on an analysis of rental cost, number of bedrooms and baths, quality

of housing, distance from the displacement dwelling, and other factors in the worksheet.

Once the tenant has completed all required documentation, HPD is able to generate the Comparable Dwelling Worksheet and subsequently the NOE at purchase agreement signing. The NOE contains a summary of the Comparable Dwelling Worksheet and the maximum rental assistance benefit available to the tenant applicant.

### **6.3 Placement Services and Unit Inspection**

After HPD completes the Comparable Dwelling Worksheet, all relevant documents must be uploaded to the applicant's URA folder in CMS. A task for placement services is created within CMS and an email is sent to CNYCN informing them that the tenant is eligible to begin participation in placement services through the Program's Temporary Housing Services ("THS") program. CNYCN then works with tenants to identify and select a replacement dwelling. No tenant may be displaced unless one (preferably three) comparable replacement dwelling units are made available to the permanently displaced tenant.

Consistent with federal guidance, a comparable replacement dwelling refers to a dwelling that is:

- Decent, safe, and sanitary;
- Adequate in size to accommodate the occupants;
- Within the financial means of the displaced person;
- Functionally equivalent;
- In an area not subject to unreasonable adverse environmental conditions; and
- In a location generally not less desirable than the location of the displaced person's dwelling with respect to public utilities, facilities, services, and the displaced person's place of employment.

Comparable replacement dwelling units are determined in accordance with the values established through the tenant's Comparable Dwelling Worksheet. The Program requires that all residential dwellings under the URA are fit for human occupancy and are recognized as Decent, Safe, and Sanitary ("DSS"). To make this policy effective, The Program requires that its funds and the funds that it administers are expended only for properties that are DSS.

In addition, comparable replacement dwellings must be adequate in size to accommodate all occupants of the displacement dwelling. It may not be possible to locate a replacement dwelling

with the same size and floor plan as the displacement dwelling. The replacement dwelling must, however, provide the displaced person with the same utility and function as the displacement dwelling. The replacement dwelling must be currently available on the private market in an area that is at least as desirable as the location of the displacement dwelling and free of unreasonable adverse environmental conditions such as noise, dust, nuisances, traffic, litter, etc. The replacement dwelling must have the size, finish features, lot size, improvements, and utilities typical of residential developments in the area, and it must be within the financial means of the displaced person.

### **6.3.2 Decent, Safe and Sanitary Inspections**

Upon selection of a comparable unit, HPD inspects the replacement dwelling to certify that it complies with DSS requirements, utilizing the Housing Quality Standards (“HQS”) form. The HQS form is used throughout New York City in confirming that a housing unit is decent, safe, and sanitary. The HQS form also ensures that the housing unit meets the physical standard requirements set by HUD. By certifying that the unit has met these requirements, the Program can ensure that the unit meets minimum housing standards related to health and safety. Some of the key aspects of this form include verification of sanitation, refuse disposal, security, access, and illumination.

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, 42 United States Code §4601 et seq., as amended (URA) defines the DSS standard as the standard of habitability to prevent expenditures of public funds in payment to any Owner of dwellings that are unfit for human habitation. Comparable dwellings must meet local housing and occupancy codes. However, any of the following standards which are not met by the local code shall apply unless waived for good cause by the Federal Agency funding the project.

The dwelling shall:

- Be structurally sound, weather tight, and in good repair;
- Contain a safe electrical wiring system adequate for lighting and other devices;
- Contain a heating system capable of sustaining a healthful temperature (of approximately seventy (70) degrees Fahrenheit) for a displaced person, except in those areas where local climatic conditions do not require such a system;
- Be adequate in size with respect to the number of rooms and area of living space needed to accommodate the displaced person. The number of persons occupying each habitable room used for sleeping purposes shall not exceed that permitted by local housing codes or, in the absence of local codes, the policies of the displacing Agency. In addition, the displacing Agency shall follow the requirements for separate bedrooms for children of the opposite gender included in local housing codes or in the absence of local codes, the policies of such Agencies;
- There shall be a separate, well lighted and ventilated bathroom that provides privacy to

the user and contains a sink, bathtub or shower stall, and a toilet, all in good working order and properly connected to appropriate sources of water and to a sewage drainage system. In the case of a housekeeping dwelling, there shall be a kitchen area that contains a fully usable sink, properly connected to potable hot and cold water and to a sewage drainage system, and adequate space and utility service connections for a stove and refrigerator;

- Contains unobstructed egress to safe, open space at ground level; and
- For a displaced person with a disability, be free of any barriers which would preclude reasonable ingress, egress, or use of the dwelling by such displaced person.

## 6.4 Compensatory Payments

In addition to the below, please refer to the URA Payments SOP for further detail.

### 6.4.1 Payment for Moving Expenses

According to 49 CFR 24.301, any tenant who qualifies as a displaced person and who moves from a dwelling as a result of the federally-funded activities listed above is entitled to payment of his or her actual moving and related expenses, as the Agency determines to be reasonable and necessary.

A displaced person's actual, reasonable and necessary moving expenses for moving personal property from a dwelling may be determined based on the cost of one, or a combination of the following methods:

- ***Fixed Residential Moving Cost Schedule.***<sup>7</sup>
- ***Actual cost move.*** Supported by receipted bills for labor and equipment.
- ***Combination.*** Payment based on actual costs for a commercial move and/or self-move for these items.

This benefit provides for the moving of belongings to a comparable replacement dwelling. It may also include transfer charges (e.g., utility, cable, phones, etc.) incurred due to relocation and a broker fee, if applicable. However, it does not include the payment of the bills during the relocation period nor refundable deposits. The Program reimburses up to the amount included on a fixed moving schedule that is reasonable for the jurisdiction. Moving expenses can be provided in advanced of the of rental assistance payments in order to decrease the financial burden of the moving cross. Both CNYCN and HPD are capable of providing these payments to a tenant.

The moving schedule fees are based on the number of rooms in the displacement dwelling and whether the tenant owns and must move furniture. The tenant may be responsible for paying moving expenses in excess of the fixed moving schedule, or may submit receipts related to moving

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<sup>7</sup> Described further in 49 CFR §24.302.

expenses for reimbursement rather than payment based on the fixed moving schedule.

Additionally, tenants may also be provided with a benefit if they incurred transportation costs associated with the search and inspection of a replacement dwelling made available to the tenant occupant on the Notice of Relocation Eligibility (“NOE”). Tenant occupants have the option to either collect reimbursement for transportation expenses or receive a fixed payment corresponding to three (3) round-trip NYC Metropolitan Transportation Authority (“MTA”) rides. The fixed benefit available to tenants for transportation costs shall not exceed \$16.50, which is based on a single NYC MTA fare of \$2.75 and then multiplied by the six (6) individual trips. In cases where a tenant submits receipts for reimbursement, the City will review this documentation and perform a cost-reasonableness analysis based on real transportation costs and distances traveled.

These transportation benefits are to be disbursed by the Program’s counseling partner, CNYCN, at the time of placement services and shall not be made part of the Moving and Related Expenses Claim form. Tenant occupants who choose the reimbursement option must submit this form with supporting documentation or proof of payment. The Permanent Displacement Transportation Claim Form will be utilized when the tenant has indicated an accrual of transportation costs associated with their search for a replacement dwelling (**see Appendix Z**).

Tenant occupants who have already relocated and may have incurred costs related to transportation while inspecting potential comparable dwellings will be contacted by CNYCN. In cases where tenant occupants indicate that transportation costs have been incurred while inspecting potential comparable dwellings, the tenant occupant may provide receipts showing transportation costs or opt for a fixed transportation benefit amount of \$16.50. Mention of available benefits corresponding to transportation while inspection potential comparable dwelling can also be found in the updated NOE (**see Appendix F**).

#### **6.4.2 Replacement Housing Payments**

A rental assistance payment is determined by subtracting the base monthly rent for the Displacement Dwelling from the cost of rent and utilities for the Comparable Replacement Dwelling. That monthly need, if any, is multiplied by forty-two (42) in order to determine the total amount that a permanently displaced tenant will receive.

The base monthly rent for a Displacement Dwelling is the lesser of:

- The monthly rent and average monthly cost for utilities, ***or***
- Thirty percent (30%) of the average monthly gross household income, but only if the tenant is low-income based on HUD income limits.

The Comparable Replacement Dwelling shall be DSS as determined under the Comparable Dwelling Worksheet completed by HPD's Program Staff. The total benefit for rental assistance is \$7,200 per displaced household.<sup>8</sup>

### **6.4.3 Housing of Last Resort**

Consistent with federal guidance, whenever Comparable Replacement Dwellings are not available within the monetary limits for displaced tenants, the Program will use housing of last resort ("HLR"). Generally, HLR involves the use of replacement housing payments that exceed the URA maximum amounts.

Sometimes, it is not possible to locate an affordable comparable replacement dwelling for a displaced tenant. The Program's policy is to provide HLR to any tenant displaced by this Program consistent with the URA and Real Property Acquisition Policies Act of 1970, as amended.

The Program provides HLR on a case-by-case basis, for good cause, giving consideration to the circumstances of the displaced tenant, the availability and location of comparable replacement housing, and the resources available to provide comparable replacement housing. The flexibility provided is subject to oversight by the Program for each HLR relocation request to render assistance when it is needed and for reasonable cost, consistent with providing comparable replacement housing that complies with Program goals and meets tenant needs. The Program will invoke HLR replacement housing procedures as infrequently as possible, and in those instances where replacement HLR is needed, to provide that assistance efficiently. All instances of HLR will require a justification that will be uploaded into the applicant's file in CMS.

### **6.4.4 Broker Fees**

The Program intends to pay broker fees as a part of moving and related expenses. A broker fee payment will be deemed eligible when the broker fee is a part of the leasing fee and is determined to be a necessary and reasonable cost of securing access to a comparable dwelling.

The Program will use the Moving and Related Expenses Claim Form to document the reimbursement of broker fees. A counselor will advise displaced tenants on the option to choose between the fixed schedule or actual cost move.

The following supporting documentation will be required to reimburse a broker fee and will be uploaded to the applicant's URA folder in CMS:

- For tenants who choose the fixed payment, no receipts will be collected.

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<sup>8</sup> Replacement housing payments are directed to those tenants that have resided in the dwelling for ninety (90) days or more.

For tenants who choose the actual cost move, the program will collect receipts pertaining to all moving expenses, including moving expenses, broker fees, and other related expenses as described in §24.301(g)(1) through (7).

After the tenant has submitted the required documentation, HPD will complete a cost reasonableness analysis of each broker fee claim based on the rent of the replacement dwelling. Broker fees can be structured in several ways, such as a percentage of the lease term, a flat finding fee, or a value of 1 to 2 months' rent. A broker fee that meets these standards or another reasonable standard identified by the Program will be considered a necessary and reasonable cost of securing access to a comparable dwelling. The cost reasonableness analysis will be uploaded to the applicant's URA folder in CMS.

#### **6.4.5 Purchase of Comparable Replacement Dwelling**

A Displaced Person may use URA benefits to purchase a Comparable Replacement Dwelling. An eligible displaced person who purchases a replacement dwelling may elect to receive a lump sum amount for down payment assistance. This lump sum payment is equivalent to the amount the displaced individual would receive if they were to rent a comparable replacement dwelling, up to the maximum of \$7,200. However, this benefit may exceed the \$7,200 cap where the Program provides housing as a matter of last resort. The full amount of the replacement housing payment in this scenario must be applied to the purchase price of the replacement dwelling and related incidental expenses. HPD must inspect the comparable relocation dwelling unit to ensure that it meets DSS standards, and the certification must be included in the applicants URA folder in CMS.

#### **6.5 Disbursement of Rental Assistance**

The Program intends to pay relocation assistance payments to eligible permanently displaced tenants in a minimum of three (3) regular installments. In addition to payment of the 42 relocation assistance payments, a lump sum may also be used for the following reasons:

- Moving expenses;
- Down payment on the purchase of Replacement Housing;
- Items incidental to either of the above (e.g., transfer fees, etc.).

These amounts can be paid to the person delivering the services, such as the utility company for connection fees, or paid directly to the Displaced Person.

All payments are made in accordance with HPD's Financial Management Systems ("FMS") practices and are available to be shared with all relevant program partners as is needed to ensure

appropriate recordkeeping and compliance. All will follow a standardized routing and review.

In the event that a tenant requires financial assistance to lease a replacement dwelling, they are referred to CNYCN to determine if they qualify for advanced funding. In such cases, any advanced funding payments are subtracted from the tenant's overall benefit and accounted for in the remaining disbursement amount. Please refer to the URA Payments SOP for further detail on advanced payments.

## **6.5.1 Payment Processes**

### **6.5.1.1 Rental Assistance Payments made by NYC HPD**

Once an eligible tenant's URA benefits have been calculated, an HPD staff person facilitates the process of issuing a payment voucher or vouchers to the tenant, according to the following steps:

- An HPD Staff Member reviews the applicant's file to confirm that the following have occurred:
  - A Comparable Dwelling Worksheet is completed;
  - Any receipts or documentation of payment are included in the benefit calculation;
  - A review by HPD's inspector determines that the prospective dwelling unit meets the program's DSS standard.
- The HPD Staff Member then calculates the benefits for which the applicant is eligible, and the document shall show at a minimum the following line-items:
  - Monthly rent differential (multiplied by forty-two (42), as appropriate);
  - Moving expenses;
  - Funds to be used for a down payment on a new home;
  - Advanced payments to tenant.
- The HPD Staff Member then fills out an internal document requesting a voucher for the requested amount or amounts if more than one voucher is requested, in accordance with internal fiscal policies.
- The internal document package is transmitted to HPD's fiscal unit who then processes the request and provides a status update to HPD Staff.

- When the voucher or vouchers are ready to be provided to the tenant, the HPD Staff Member is alerted and facilitates the delivery of the voucher (s) to the tenant in accordance with HPD’s financial management practices.<sup>9</sup>

Once the above steps have been completed, the HPD Staff Member informs HRO’s URA Team of the delivery of the voucher(s) to the tenant and provides all supporting documentation to HRO by uploading the documents into CMS. If a tenant receives a recurring monthly payment, the steps above shall re-occur as needed.

## **6.6 Permanent Displacement Documentation**

The URA folder in applicant files in CMS acts a repository to store scanned copies of all sent notices and signed documents. All documents should be filed according to the proper folder structure and naming conventions in CMS.<sup>10</sup> All records should be retained for a minimum of five (5) years. The following notices and documents are recorded and uploaded into CMS:

- GIN;
- F16;
- NOE;
- 90 day Move-out Notice;
- 30 day Move-out Notice (if applicable);
- Evidence of delivery of notices;
- NYC CDBG Rental Assistance Application for URA Benefits;
- NYC CDBG Rental Assistance : Supplemental Comparable Dwelling Form;
- CDBG Rental Assistance Application Eligibility Checklist;
- All Claim Forms and receipts submitted by displaced persons;
- Comparable Dwelling Worksheet;
- Any receipts or documentation of payment that has been collected;

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<sup>9</sup> Typically this means that the tenant must come to HPD to sign for the voucher. However, on a case-by-case basis, an alternative means of delivering the voucher to the tenant in a way that is permitted by HPD’s internal guidelines may be pursued.

<sup>10</sup> For more information on convention codes and document naming conventions, please refer to the *NYC BIB HRO File and Folder Naming Convention Dictionary*, Version 10 (August 9, 2017).

- DSS Certification;
- Benefit Calculation Worksheet;
- Any appeals filed with response;
- Proof of income;
- CPD Income Eligibility Summary (printed out from CPD Income Eligibility Online Calculator);
- Proof of Identification.

## 7. Monitoring and Tracking URA Data

Each tenant identified by the Build it Back Program, using the F16 will have a tenant record created for them within CMS. The tenant record allows the user to store and access information related to a tenant’s displacement, including, but not limited to, relocation notices, displacement and pathway information, counseling, and replacement housing/moving expenses payments.

HUD regulations require federally-funded programs to support displaced tenants, and **maintain information of the support provided**. The data points populate in the system of record user interface based on the Program Pathway Selected and “Type of Displacement” (*Temporary vs. Permanent*). The Pathway Selected field on the URA record will automatically pull data from the Program Pathway Option (“PPO”) entity in CMS. This will inform the user as to the type of displacement that may be required.<sup>11</sup> The user will select the “Type of Displacement,” equal to Permanent or Temporary, which will determine which fields populate in that URA Tenant Record.

If the user selects Temporary Displacement for a Rehabilitation or Rehabilitation with Reimbursement application, the user will be prompted to populate the fields represented in *Figures 3.1-2*. If the user selects Temporary Displacement for Rehabilitation with Elevation or Rebuild application, the user will be prompted to populate the fields represented in *Figures 4.1-2*. If the user selects Permanent Displacement, the user will be prompted to populate the data points represented in *Figure 5.1-3*. See below:

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<sup>11</sup> For example, if the program pathway selected is Acquisition for Redevelopment, this informs the Program staff member that permanent displacement will be required for the tenant occupying the applicant’s rental unit.

**Figure 3.1: URA Record Template for Rehabilitation or Rehabilitation with Reimbursement Applications.** For Rehabilitation with Reimbursement, and Rehabilitation applications managed by DDC and HRO, construction teams are responsible for providing the following information to the URA Teams: Displacement Needed, Type of Displacement, Displacement Duration, Area of Construction, Displacement Start/End Dates, and Notice to Commence Date. NYC BIB Staff will be responsible for populating the data points based on the information provided by the construction teams.

<b>Notices</b>			
Date of Notice of Non-Displacement	--	Notice of Non-Displacement Confirmation Date	--
Date of 30 Day Move	--	30 Day Move Out Not	--
<b>Counseling</b>			
Declined Counseling	--	Date TAS Scheduled	--
Date TAS Meeting Held	--	Result of Meeting	--
Counseling?	<input type="checkbox"/> No		
<b>Landlord Tenant Agreement (LTA)</b>			
Date Landlord Tenant Agreement Signed by Landlord	--	Date Landlord Tenant Agreement Signed by Tenant	--
<b>Tenant Record Status</b>			
Tenant Record Status	--		
<b>Notes</b>			

**Figure 3.2: URA Record Template for Rehabilitation or Rehabilitation with Reimbursement Applications (cont'd)**

<b>Tenant F16 Information</b>			
Application ID	APP-023127		
F16 Status	Incomplete		
F16 Received Date	--		
F16 Comments	--		
<b>Tenant Information</b>			
<b>GIN Information</b>			
GIN Sent Date	--	GIN Confirmation Date	--
<b>PPO Pathway</b>			
Pathway Selected	<input checked="" type="checkbox"/> Rehabilitation with Reimbursement		
<b>Displacement Information</b>			
Displacement Needed	--	Type of Displacement	Temporary
Displacement Start Date	--	Displacement End Date	<input type="checkbox"/> --
Displacement Duration	--	Areas of Construction	--

**Figure 4.1: URA Record Template for Rehabilitation with Elevation and Rebuild Applications.** The Displacement Information for an application will automatically populate from the Design and Construction Entity in CMS.

New URA ☰

↳ Tenant F16 Information

Application ID	APP-000001
F16 Status	Incomplete
F16 Received Date	--
F16 Comments	--

↳ Tenant Information

↳ GIN Information

GIN Sent Date	--	GIN Confirmation Date	--
---------------	----	-----------------------	----

↳ PPO Pathway

Pathway Selected	🔒 Rehabilitation with elevation
------------------	---------------------------------

↳ Displacement Information

Displacement Needed	--	Type of Displacement	Temporary
Displacement Start Date	--	Displacement End Date	🔒 --
Displacement Duration	--		

**Figure 4.2: URA Record Template for Rehabilitation with Elevation and Rebuild Applications (cont'd).** The Displacement Information for an application will automatically populate from the Design and Construction Entity in CMS.

↳ Notices

Date of Notice of Non-Displacement	--	Notice of Non-Displacement Confirmation Date	--
Date of 30 Day Move	--	30 Day Move Out Not	--

↳ Counseling

Declined Counseling	--	Date TAS Scheduled	--
Date TAS Meeting Held	--	Result of Meeting	--
Counseling?	🔒 No		

↳ Landlord Tenant Agreement (LTA)

Date Landlord Tenant Agreement Signed by Landlord	--	Date Landlord Tenant Agreement Signed by Tenant	--
---	----	---	----

↳ Tenant Record Status

Tenant Record Status	--
----------------------	----

↳ Notes

**Figure 5.1: URA Record Template for Permanently Displaced Tenants.** Tenants who are permanently displaced by federally-funded construction or acquisition projects may be eligible to receive relocation advisory services, payment for moving expenses, and replacement housing payment(s). Data points used to monitor a tenant’s application progress and track major milestones will be stored here.

URA : INFORMATION

New URA ☰

• Tenant F16 Information

Application ID	APP-000001
F16 Status	Incomplete
F16 Received Date	--
F16 Comments	--

• Tenant Information

• GIN Information

GIN Sent Date	--	GIN Confirmation Date	--
---------------	----	-----------------------	----

• PPO Pathway

Pathway Selected	🔒 Rehabilitation with elevation
------------------	---------------------------------

• Displacement Information

Displacement Needed	--	Type of Displacement	Permanent
Date Preliminary Offer Signed	--	Date Grant Agreement Signed	2/26/2016
Current Occupant	--	Type of Rental Assistance	--

**Figure 5.2: URA Record Template for Permanently Displaced Tenants (cont'd)**

<b>Notices</b>			
Date Notice of Relocation Eligibility Sent	--	Notice of Relocation Eligibility Confirmation Da	--
Date of 30 Day Move	--	30 Day Move Out Not	--
Date 90 Day Move Out	--	90 Day Move Out Not	--
<b>Intake Meeting</b>			
Intake Scheduling Needed	--	Date Intake Meeting Scheduled	--
Date Intake Meeting Held	--	Section 8 Recipient	--
Section 8 Administering Agency	--	Section 8 Voucher	--
Eligibility Application Complete	--	Primary Residency	--
Citizenship and Qualified Alien Status	--	Identification	--
Eligibility Review Result	--	Date Ineligibly Letter Sent	--
Utility Bills (from past 12 months)	--	Verified LMI Tenant	--
Proof of Income	--		
Comparable Dwelling Worksheet	--	Displacement Dwelling Supplemental Form	--

**Figure 5.3: URA Record Template for Permanently Displaced Tenants (cont'd)**

<b>Placement Services</b>			
Date Placement Services Scheduled	--	Date Placement Services Held	--
New Signed Lease or Landlord Letter (for renter)	--		
<b>Unit Selected Subsection</b>			
Address 1	--	Address 2	--
Suite/Apartment #	--	Borough	--
City	--	State	--
Zip	--		
Date DSS Inspection	--	Date DSS Inspection	--
DSS Inspection Result	--		
<b>Replacement Housing / Moving Payment</b>			
Total Replacement Housing Payment	--	Total Moving Expense Payment	--
Proof of Payment of Moving Expenses (if, applic)	--	Contract of Sale (for down payment assistance)	--
<b>Move Out/Closing Date - Status</b>			
Date of Closing/Move Out Date	--	Tenant Moved Out	--
<b>Tenant Record Status</b>			
Tenant Record Status	--		
<b>Notes</b>			

## 7.1 CMS Folder Structure for URA Tracking and Documentation

When a tenant record is created, a folder will automatically be created in the URA folder (*NYC Build it Back – General – URA*). The naming convention used for a tenant’s main folder will include a unique identifier, and the tenant’s first and last name (*e.g. APP-0000-1\_John Smith*). Documents will be uploaded in the appropriate folders and subfolders, based on the Type of Displacement selected.

For example, if the Type of Displacement is equal to Temporary, the user will upload documents to the *1.0 Notices and Correspondences Folder* and *2.0 Supplemental and Required Documents* subfolders located in the *Temporary Displacement Folder*. If the Type of Displacement is equal to Permanent, the user will only upload documents in the following subfolders, which are located within the *Permanent Displacement Folder*. *1.0 Notices and Correspondences*, *2.0 Tenant Application*, *3.0 Supplemental and Required Documents*, *4.0 Benefit Calculation*, *5.0 Placement Services*, and *Payment Processing*.

### CMS Folder Structure:

- **Permanently Displaced Tenant Subfolder Structure:** Please use the below sub-folder structure when organizing the documents for a permanently displaced tenant.

**Main Folder:** Uniform Relocation Assistance  
**Subfolder:** Tenant Name-Permanent (e.g., John Doe-Permanent)

#### **Tenant-Specific Subfolders**

1. Notices and Correspondence
    - APP-0000\_GIN\_03182016
    - APP-0000\_NOE\_03182016
    - APP-0000\_MOV90\_03182016
    - APP-0000\_MOV30P\_03182016
    - APP-0000\_MOVEXT\_03182016
    - APP-0000\_MailRcpt\_03182016
  2. Tenant Application
    - APP-0000\_Eligibility\_03182016
    - APP-0000\_DDF\_03182016
  3. Supplemental and Required Documents
    - a. Eligibility
      - i. Primary Residency
        - APP-0000\_Lease\_03182016
      - ii. Identification
        - APP-0000\_DL\_03182016
        - APP-0000\_Passport\_03182016
        - APP-0000\_PassportCard\_03182016
        - APP-0000\_ResidentCard\_03182016
        - APP-0000\_StateID\_03182016
        - APP-0000\_MilitaryID\_03182016
      - iii. Citizenship and Qualified Alien Status
        - APP-0000\_NYID\_03182016
        - APP-0000\_BirthCert\_03182016
        - APP-0000\_Passport\_03182016
-

- APP-0000\_PassportCard\_03182016
  - APP-0000\_CertofNatural\_03182016
  - APP-0000\_CertofCitizen\_03182016
  - iv. Checklist**
    - APP-0000\_EligibilityChklst\_03182016
  - b. Income**
    - APP-0000\_F7A\_03182016
    - APP-0000\_1040\_03182016
    - APP-0000\_CertofNoIncm\_03182016
    - APP-0000\_SEC8\_03182016
  - c. Utilities**
    - APP-0000\_UtilitySmmry\_03182016
  - d. Replacement Dwelling**
    - APP-0000\_Lease\_03182016
    - APP-0000\_UtilitySmmry\_03182016
  - e. FMS ID**
    - APP-0000\_SSCard\_03182016
    - APP-0000\_W9\_03182016
  - 4. Benefit Calculation**
    - a. Comparable Dwelling Worksheet**
      - APP-0000\_DpmtlDwllingPckg1\_03182016
      - APP-0000\_CmpblDwllingPckg1\_03182016
      - APP-0000\_CmpblDwllingPckg2\_03182016
      - APP-0000\_CmpblDwllingPckg3\_03182016
      - APP-0000\_CmpblDwllingWrksht\_03182016
    - b. Down Payment or Rental Assistance Claim Form**
      - APP-0000\_RHPClmFrm\_03182016
    - c. Moving Expenses Claim Form**
      - APP-0000\_MvExpClmFrm\_03182016
  - 5. Placement Services**
    - APP-0000\_HQSFRm\_03182016
    - APP-0000\_DSSFRm\_03182016
  - 6. Payment Processing**
    - APP-0000\_FMSID\_03182016
    - APP-0000\_FscPckg(1)\_03182016
    - APP-0000\_FscPckg(2)\_03182016
    - APP-0000\_FscPckg(3)\_03182016
-

- **Temporarily Displaced Tenant Subfolder Structure:** Please use the below sub-folder structure when organizing the documents for a temporarily displaced tenant.

**Main Folder:** Uniform Relocation Assistance

**Subfolder:** Tenant Name-Temporary (e.g., Jane Doe-Temporary)

**Tenant-Specific Subfolders**

**1. Notices and Correspondences**

- APP-0000\_GIN\_03182016
- APP-0000\_NOE\_03182016
- APP-0000\_MOV90\_03182016
- APP-0000\_MOV30T\_03182016
- APP-0000\_MOVEXT\_03182016
- APP-0000\_MailRcpt\_03182016

**2. Supplemental or Other Required Documents (Any Other Documentation)**

## **7.2 Applicant Withdrawal**

In cases where an applicant either voluntarily withdraws from the Program or is administratively withdrawn from the Program, tenants are notified that their landlord is no longer participating in the Program. In some cases, tenants may have been directed to move out of their original dwelling prior to applicant withdrawal. If withdrawal occurs before the tenant is instructed to move out, they are informed that they may no longer be eligible for relocation assistance under the URA with a Notice of Ineligibility.

If the withdrawal occurs after a move out notice has been sent and move out has been confirmed, tenants are instructed to contact the Program immediately and may be eligible for permanent displacement benefits if their landlord does not comply with the LTA and allow their tenant to return to their original dwelling. HRO's Homeowner Services Team alerts the URA Team when an applicant with renter occupied units has gone through the withdrawal QA/QC.

## **8. Issue Resolution Process**

The URA seeks to provide uniform, fair, and equitable treatment of persons requiring temporary or permanent displacement in connection with federally-funded projects. The URA requires the Program to provide an appeals process for displaced persons dissatisfied with written determinations made by the Program. Tenants who wish to contest their eligibility to receive relocation assistance or appeal the amount of relocation assistance the Program offers may follow the issue resolution process described in the Program's Policy Manual.

# Appendices

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**Appendix A**  
**F16A: Agreement to  
Maintain Tenant  
Contact Information**



**NYC Build it Back**  
 NYC Housing Recovery Operations  
 250 Broadway, 24th Floor  
 New York, NY 10007  
 housing@recovery.nyc.gov  
 nyc.gov/builditback

## F16A

### UNIT INFORMATION UPDATE

**THIS FORM MUST BE COMPLETED BY ALL BUILD IT BACK APPLICANTS, INCLUDING APPLICANTS THAT DO NOT HAVE RENTAL UNITS ON THEIR PROPERTY. THIS FORM MUST BE COMPLETED PRIOR TO EXECUTING A GRANT AGREEMENT.**

Application Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Street Address

City, State, Zip

#### Overall Property Information

Is anyone (including you, your household, a renter or anyone else) currently living on your Build it Back property?  Yes  No

Is your property a single-unit, owner-occupied property with no rental units? **If you answered "yes" to this question, sign this Form without filling out any other sections. If you answered "no", fill out the remainder of this Form.**  Yes  No

#### Multi-Unit Property Information

	0	1	2	3	4
Enter the total number of residential units that were located on your Build it Back property at the time of Hurricane Sandy.	<input type="checkbox"/>				

Enter the total number of residential units <u>currently</u> located on your Build it Back property. (Include both occupied and unoccupied units.)	<input type="checkbox"/>				
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Enter the total number of residential units that are currently <u>owner-occupied</u> . (Units that are occupied by the property owner's household.)	<input type="checkbox"/>				
---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Enter the total number of residential units that are currently <u>tenant-occupied</u> . (Including rent paying and non-rent paying tenants and family members living in separate units.)	<input type="checkbox"/>				
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Enter the total number of residential units that are currently <u>unoccupied</u> . (Units that do not currently have a person living in them.)	<input type="checkbox"/>				
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

<b>Complete this section.</b>	Unit Number	Unit Street Address	
	<b>Is the Unit Currently Occupied?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
<b>Who Occupies This Unit?</b> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)	
<b>Lease Type (if applicable)</b> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)	
<b>Leave this section blank if you have already completed it for all of the units you listed on page one.</b>	Unit Number	Unit Street Address	
	<b>Is the Unit Currently Occupied?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
<b>Who Occupies This Unit?</b> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)	
<b>Lease Type (if applicable)</b> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)	
<b>Leave this section blank if you have already completed it for all of the units you listed on page one.</b>	Unit Number	Unit Street Address	
	<b>Is the Unit Currently Occupied?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant	Last Name of Current Occupant or Tenant
<b>Who Occupies This Unit?</b> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)	
<b>Lease Type (if applicable)</b> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)	

<b>Leave this section blank if you have already completed it for all of the units you listed on page one.</b>	Unit Number	Unit Street Address
	<b>Is the Unit Currently Occupied?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name of Current Occupant or Tenant
<b>Who Occupies This Unit?</b> <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Unit is Not Occupied	Current Monthly Rent (if Tenant Occupied)	Telephone Number (if Tenant Occupied)
<b>Lease Type (if applicable)</b> <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> No Lease <input type="checkbox"/> N/A	Month/Year Lease Expires (if Tenant Occupied)	Tenant Email (if Tenant Occupied)

### CERTIFICATION

I hereby certify that the information I have provided on this Form is true and correct.

I acknowledge and agree that I am responsible for obtaining and retaining contact information, including, at a minimum, a residential forwarding address, for any and all current and future tenants that reside at the Property during the pendency of my application for, and receipt of, benefits with the NYC Build it Back program. I acknowledge and agree that I will comply with the Uniform Relocation Act if I am required to do so.

I understand that if I fail to maintain an accurate forwarding address for any and all tenants who vacate the Property after today's date, I may be deemed ineligible for benefits under the NYC Build it Back program or other program restrictions may be imposed. I acknowledge that I have carefully read this Agreement, and I represent that I fully understand its contents and sign it voluntarily.

Owner (Print Name)	Signature	Date
Additional Owner (Print Name)	Signature	Date
Additional Owner (Print Name)	Signature	Date
Additional Owner (Print Name)	Signature	Date

**Appendix B:**  
**F7-C: 2016**  
**Income Self**  
**Certification**  
**Form for Current**  
**Tenants**



Income is defined as the total annual income of all family and non-family living within the household. Income from the following sources must be **included** for all persons in the household:

1. Wages, salaries, tips, etc.;
2. Taxable interest;
3. Dividends;
4. Taxable refunds, credits or offsets of State and local income taxes;
5. Alimony (or separate maintenance payments) received;
6. Business income (or loss);
7. Capital gain (or loss);
8. Other gains (or losses) (i.e., assets used in a trade or business that were exchanged or sold);
9. Taxable amount of individual retirement account (IRA) distributions. (Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA.);
10. Taxable amount of pension and annuity payments;.
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.;
12. Farm income (or loss);
13. Unemployment compensation payments;
14. Taxable amount of Social Security benefits;
15. Other income. (Includes: prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent fund dividends; reimbursements for amounts deducted in previous years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit).

Income from the following sources may be **excluded**:

1. Child support;
2. Money or property that was inherited, willed or given as a gift;
3. Life insurance proceeds received as a result of someone's death.

Please refer to IRS Form 1040 instructions for more information.

# **Appendix C:** **General Information** **Notice**

May 24, 2017

[Tenant's Name]

[Street Address]

[City, ST ZIP Code]

Dear [Tenant's Name],

The owner of the property in which you reside has submitted an application to the City of New York (the "City") for financial assistance to rehabilitate the building that you occupy. The proposed project may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant (CDBG) program.

The purpose of this notice is to inform you that you may be displaced as a result of the proposed project. This notice also serves to inform you of your potential rights as a displaced person under a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). You may be eligible for relocation assistance and payments under the URA, if the proposed project receives HUD funding and if you are displaced as a result of acquisition, rehabilitation, or reconstruction for the project.

- This is not a notice to vacate the premises.
- This is not a notice of relocation eligibility.

If you are determined to be eligible for relocation assistance in the future, you may be eligible for: 1) Relocation advisory services intended to help you find a place to stay; 2) At least 90 days advance written notice of the date you will be required to move; 3) Payment for your moving expenses; and 4) Replacement housing payments to enable you to rent, or if you prefer, to purchase a comparable replacement home. You will also have the right to appeal the City's determination, if you feel that your application for assistance was not properly considered.

**(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)**

Please be advised that in order to qualify for assistance under the Uniform Relocation Act, you must be a tenant in good standing and you should continue to pay your rent and meet any other obligations as specified in your lease agreement. Failure to do so may be cause for eviction. If you choose to move, or if you are evicted prior to receiving a formal notice of relocation eligibility, you will not be eligible to receive relocation assistance.

**Again, this is not a notice to vacate the premises and does not establish your eligibility for relocation payments or assistance at this time.** If you are determined to be displaced and are required to vacate the premises in the future, you will be informed in writing.

As part of your property owner's application, the City must determine the annual income for all households in your building. This income information is both required in order for the City to comply with federal law, and designed to help the City figure out who needs help the most—so that we can prioritize our limited federal resources to help residents with the highest level of financial need. All homeowners are required to provide this information to receive help from the City's CDBG program. And when tenants also live in a building that has registered for our program, we need to collect income information about those tenants. The enclosed form is designed to help the City collect the information it needs. The information you give will not be shared with your landlord. If you have already provided the Program this form, please disregard.

Please fill out the attached F7 – Income Self-Certification Form For Tenants and return to:

**MAIL**

NYC Build it Back  
14 Murray Street #150  
New York, NY 10007

**EMAIL**

[builditbackdocuments@recovery.nyc.gov](mailto:builditbackdocuments@recovery.nyc.gov)

**FAX**

1-855-212-1912

The form is also available at [nyc.gov/recovery](http://nyc.gov/recovery).

If you have any questions about this notice, the attached form, or the proposed project, please contact us at the NYC Build It Back Customer Service at 212-615-8329 or [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) and ask about Uniform Relocation Assistance.

Sincerely,

Build It Back Customer Operations

إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

## **Uniform Relocation Act Tenant Frequently Asked Questions**

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### **What is the Uniform Relocation Act (URA)?**

URA is a federal law that is designed to protect people who have to move when the property they live in is repaired or rebuilt with federal funds.

### **What is Build It Back?**

Build It Back is a federally funded Community Development Block Grant (CDBG) program to assist homeowners, landlords, and tenants whose homes were damaged by Hurricane Sandy.

### **Why did I get this letter?**

Your landlord voluntarily applied to the Build It Back program for assistance on his or her property. If the property is eligible for the program, the property will be repaired, rebuilt, or acquired, and it is possible that you may be required to move, either temporarily or permanently.

### **How will I know if I need to move?**

The property may be repaired, rebuilt, or acquired. Once that choice is made and the duration of construction is determined, we will send you another letter, called either a Notice of Non-Displacement or Notice of Eligibility. After you get this letter, you and your landlord may be called to schedule an appointment to discuss your benefits.

- If you receive the **Notice of Non-Displacement**, you will be temporarily relocated for less than a year. You will be provided with at least 30 days move out notice.
- If you receive the **Notice of Eligibility**, you will either be permanently displaced and unable to return to the home after the project is completed or you will have to relocate for a period of greater than a year. You will be provided with at least 90 days move out notice.

### **What if I am temporarily relocated?**

You and your landlord will sign an agreement which will outline all landlord relocation obligations and your rights and responsibilities as tenants. Landlords are responsible for costs associated with their tenant's temporary relocation, including the rent in their tenant's temporary housing unit and moving expenses to and from the unit. Landlords are also responsible for ensuring that tenants find temporary housing that meets certain standards of livability.

Tenants remain bound by the terms of their lease. Tenants will continue to pay rent to their landlord during the temporary relocation period and will be able to move back to their unit once work is completed, at the same rent they were paying before. Landlords cannot change the rent amount on an existing lease. Because tenants are still obligated to pay rent on the units that are being repaired or rebuilt, this means that a landlord's out-of-pocket costs will be the difference between a tenant's current rent and the rent for the temporary housing unit, if the latter is a higher cost. For example, if a tenant currently pays \$500/month and the temporary housing costs \$600/month, the landlord will be paying \$100/month out of pocket.

### **What if I am permanently displaced or have to relocate for more than a year?**

The Program will provide tenants that fall into this category with payments for moving expenses and increased rental costs, as well as help finding a new apartment. If you receive a Notice of Eligibility, you will be contacted to schedule an intake interview to complete an application. You will be provided with an overview of your URA benefits.

### **Can I move now?**

If you choose to move, or if you are evicted prior to receiving a formal notice of relocation eligibility, you will not be eligible to receive relocation assistance.

**Certification of Receipt Uniform Relocation Act General Information Notice**

---

**I/We, the undersigned, understand the above information in this document.**

---

Tenant Signature

Tenant Name (Printed)

Date

**Appendix D:**  
**Tenant Frequently**  
**Asked Questions**  
**("FAQs")**

## **Uniform Relocation Act Tenant Frequently Asked Questions**

---

### **What is the Uniform Relocation Act (URA)?**

URA is a federal law that is designed to protect people who have to move when the property they live in is repaired or rebuilt with federal funds.

### **What is Build It Back?**

Build It Back is a federally funded Community Development Block Grant (CDBG) program to assist homeowners, landlords, and tenants whose homes were damaged by Hurricane Sandy.

### **Why did I get this letter?**

Your landlord voluntarily applied to the Build It Back program for assistance on his or her property. If the property is eligible for the program, the property will be repaired, rebuilt, or acquired, and it is possible that you may be required to move, either temporarily or permanently.

### **How will I know if I need to move?**

The property may be repaired, rebuilt, or acquired. Once that choice is made and the duration of construction is determined, we will send you another letter, called either a Notice of Non-Displacement or Notice of Eligibility. After you get this letter, you and your landlord may be called to schedule an appointment to discuss your benefits.

- If you receive the **Notice of Non-Displacement**, you will be temporarily relocated for less than a year. You will be provided with at least 30 days move out notice.
- If you receive the **Notice of Eligibility**, you will either be permanently displaced and unable to return to the home after the project is completed or you will have to relocate for a period of greater than a year. You will be provided with at least 90 days move out notice.

### **What if I am permanently displaced or have to relocate for more than a year?**

The Program will provide tenants that fall into this category with payments for moving expenses and increased rental costs, as well as help finding a new apartment. If you receive a Notice of Eligibility, you will be contacted to schedule an intake interview to complete an application. You will be provided with an overview of your URA benefits.

# **Appendix E:** **TAS Certification**

**[Tenant's Name]**

**[Tenant's APP-ID]**

**[DATE]**

I, **[TENANT NAME]**, have been made aware that my landlord submitted an application to the City of New York's Build it Back Program for financial assistance to rehabilitate, reconstruct, or sell the property that I currently occupy or did occupy at the time of the storm. As a result, I understand that I may be temporarily or permanently displaced. This document certifies that I have been provided with Tenant Advisory Services and that I understand and acknowledge:

- 1) My rights as a temporarily relocated or permanently displaced tenant under the Uniform Relocation Act ([49 CFR Part 24](#));
- 2) that I have been provided with points of contact if questions arise or I am in need of general information;
- 3) that as a **temporarily relocated tenant**, I am responsible for raising concerns, escalations, or issues to the Program if my landlord is not fulfilling their obligations under the Landlord-Tenant Agreement throughout my temporary relocation duration, in addition to any other legal remedies available to me;
- 4) that as a **permanently relocated tenant**,
  - a. I am responsible for providing additional documentation on my household income and replacement dwelling;
  - b. I am responsible for scheduling additional appointments with the Program for placement services, reviewing my rental assistance or down payment assistance claim, and receipt of payment checks;
  - c. I understand that eligibility for financial assistance will not come into effect until my landlord and the Program have executed a Purchase Sale Agreement to sell the property.
- 5) if still occupying the assisted dwelling, I understand that I will not be required to relocate prior to receiving a 30 Day Move Out Notice from the Build it Back Program.

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**Tenant (Print Name)**

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**Signature**

---

**Date**

---

**Counselor (Print Name)**

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**Signature**

---

**Date**

# **Appendix F:** **Notice of Non-Displacement**

[DATE]



**NYC Build it Back**  
 NYC Housing Recovery Operations  
 212-615-8328  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

[TENANT NAME]

[TENANT MAILING ADDRESS]

Dear [TENANT NAME]:

You were recently notified that the landlord/property owner of your current residence submitted an application to the City of New York for financial assistance for [PATHWAY OPTION] of the property in which you currently reside. The proposed project has been approved and will receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program.

**This is a notice of non-displacement.** You will not be required to move permanently as a result of this project. However, the Build it Back program strongly encourages you to schedule a Tenant Advisory Services meeting with the Program's counseling team as you may be required to move temporarily so that construction activities can be safely completed. Our current estimated time of construction duration is [TIME FRAME: \_\_\_ to \_\_\_ days]. Please note that this timeline is subject to change and that you will be made aware of any changes associated with your landlord's project.

If you must temporarily relocate from your current dwelling, **you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)**. Your landlord is responsible for helping you find decent, safe and sanitary housing and for reimbursing you for all reasonable out of pocket expenses during your temporary relocation. These benefits include, but are not limited to: moving and storage costs, utility disconnections and reconnections, and any increase in housing/rental differential costs. Upon completion of your landlord's construction project, you will be given the option to re-occupy your original dwelling at a rental rate equivalent to the rate that existed prior to rehabilitation or reconstruction, for the length of your lease period.

**Please be advised that you must continue to pay rent and meet any other obligations as specified in your lease agreement.**

Prior to relocating, you will be contacted by the Program's counseling team in order to schedule a Tenant Advisory Services session to review your rights and responsibilities under the above mentioned Uniform Relocation Act. You will also be presented with the Landlord-Tenant Agreement (LTA), which outlines your rights and your landlord's obligations.

Please remember: **This is not a notice to vacate the premises.** The Program urges you not to move until instructed to do so, and only after having received the counseling benefits to which you are entitled. In the event that temporary relocation of your home is required, you will receive further information regarding a specific move out date.

If you have any questions about this notice or the proposed project and would like to contact us directly, please contact the Build it Back Counseling Hotline at 646-237-5925 or email us at [URAINBOX@recovery.nyc.gov](mailto:URAINBOX@recovery.nyc.gov).

Sincerely,

Build It Back Tenant Relocation Team

## Uniform Relocation Act Frequently Asked Questions

---

### **What is the Uniform Relocation Act (URA)?**

URA is a federal law that is designed to protect people who have to move when the property they live in is repaired or rebuilt with federal funds.

### **What is Build It Back?**

Build It Back is a federally funded Community Development Block Grant (CDBG) program to assist homeowners, landlords, and tenants whose homes were damaged by Hurricane Sandy.

### **Why did I receive a Notice of Non-Displacement?**

Your landlord voluntarily applied to the Build It Back program for assistance on his or her property. If the property is eligible for the program, the property will be repaired, rebuilt, or acquired.

According to an assessment of the property, the program has determined that the work to be completed on the property will take less than a year. You will not have to move permanently from the home. However, you may be required to move temporarily while work is completed.

### **How will I know if I need to move?**

Once the program makes a final determination on the scope of work and length of construction on the home, the program will contact you with more information about the proposed project. You will be provided with advance notice in the event that you will need to relocate. .

### **What will happen if I need to move out temporarily?**

You and your landlord will sign an agreement which will outline all landlord relocation obligations and your rights and responsibilities as tenants. Landlords are responsible for costs associated with their tenant's temporary relocation, including the rent in their tenant's temporary housing unit and moving expenses to and from the unit. Landlords are also responsible for ensuring that tenants find temporary housing that meets certain standards of livability.

Tenants remain bound by the terms of their lease. Tenants will continue to pay rent to their landlord during the temporary relocation period and will be able to move back to their unit once work is completed, at the same rent they were paying before. Landlords cannot change the rent amount on an existing lease. Because tenants are still obligated to pay rent on the units that are being repaired or rebuilt, this means that a landlord's out-of-pocket costs will be the difference between a tenant's current rent and the rent for the temporary housing unit, if the latter is a higher cost. For example, if a tenant currently pays \$500/month and the temporary housing costs \$600/month, the landlord will be paying \$100/month out of pocket.

### **Can I move now?**

If you choose to move, or if you are evicted prior to receiving a formal notice of relocation eligibility, you will not be eligible to receive relocation assistance

**Certification of Receipt Uniform Relocation Act Notice of Non-Displacement**

---

**I/We, the undersigned, understand the above information in this document.**

---

Tenant Signature

Tenant Name (Printed)

Date

إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

**Appendix G:**  
**30 Day Move Out Notice**  
**(Temporary Displacement)**

[TENANT NAME]  
[TENANT MAILING ADDRESS]

[DATE]

Dear [TENANT NAME]:

The property owner submitted an application to the City of New York for financial assistance to rehabilitate the unit that you occupy. The proposed project has been approved and will receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program.

Work will soon begin on the building you now occupy. Please take notice that you will need to vacate your unit temporarily starting [DATE] for a period of approximately [RELOCATION DURATION]. **This is a notice to vacate the premises prior to the displacement start date.**

**Please be advised that you must continue to pay rent and meet any other obligations as specified in your lease agreement.**

If you have any questions or would like more information about his notice, please contact us by email at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

Sincerely,

Build It Back Customer Operations

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**Certification of Receipt Uniform Relocation Act Notice of Move Out**

---

**I/We, the undersigned, understand the above information in this document.**

---

Tenant Signature

Tenant Name (Printed)

Date

إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

# **Appendix H:** **Notice of Intake**

**(for Temporary Relocation Exceeding Twelve (12) Months)**



[TENANT NAME]  
 [TENANT APP-ID]  
 [TENANT MAILING ADDRESS]

[DATE]

Dear [TENANT NAME],

Our records indicate that your landlord, [APPLICANT NAME] at [DAMAGED PROPERTY ADDRESS], is receiving federal assistance to rehabilitate, elevate, or rebuild their property through the Build it Back Program. As part of your landlord's participation in the Build it Back program, you were asked to temporarily relocate for a period of [RELOCATION DURATION] in order to safely complete construction activities on your rental unit.

According to our records, construction activities on your landlord's property have or will soon exceed 365 days. Under the Landlord Tenant Agreement, you have the option to return to your original dwelling; however, the Program would like to make you aware that you are now qualified for permanent displacement benefits, under the Uniform Relocation Act (49 CFR Part 24).

- **This is your Notice of Eligibility for relocation assistance**
- **The effective date of your eligibility is [DAY 366 OF TEMPORARY RELOCATION].**

If you choose to forego your temporary relocation assistance and apply for permanent displacement relocation assistance in its place, and are deemed eligible for rental assistance associated with permanent displacement, you may be entitled to the following:

**Relocation Advisory Services.** You will receive counseling and other assistance to help you find another home and prepare to move.

**Payment for Moving Expenses.** You may be eligible to receive a benefit that covers moving expenses associated with relocation to your Comparable Replacement Dwelling. It may also include transfer charges (utility, cable, phones, etc.) incurred because of relocation. The Program will reimburse a payment based on a fixed schedule or for your actual reasonable moving and related expenses.

**Replacement Housing Payment.** You may be eligible for a replacement housing payment to rent or buy a replacement home:

- **Rental Assistance Payments** will be determined by subtracting the "base monthly rent" for the Displacement Dwelling from the cost of rent and utilities for the Comparable Replacement Dwelling. That monthly need, if any, is multiplied by 42, to determine the total amount you may receive. The base monthly rent for Displacement Dwelling is the



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 NYC Housing Recovery Operations  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
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lesser of: (1) the monthly rent and average monthly cost of utilities, or (2) for low income tenants, thirty (30) percent of your average monthly gross household income.

- Purchase of a Comparable Replacement Dwelling: You may choose to purchase a replacement home. If this option is chosen, you would be eligible for a down payment assistance payment that is equal to your maximum replacement housing payment.

To schedule an intake meeting or find out more about rental assistance for permanent displacement under the Uniform Relocation Act, please contact the Build it Back counseling hotline **646-237-5925** as soon as possible. During your intake meeting, a counselor will help you fill out the above-mentioned application and supplemental forms, as well as answer any questions you may have regarding the URA process. You will be required to bring a photo ID, and documentation to satisfy three categories: **primary residency, citizenship and qualified alien status, and proof of identification**. In addition, you will be required to bring documentation related to your current place of residence.

For more information or if you have any question, please contact the Build it Back Tenant Counseling Team at 646-237-5925 or email us at [URAINBOX@recovery.nyc.gov](mailto:URAINBOX@recovery.nyc.gov).

Sincerely,

Build it Back Tenant Relocation Team



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 NYC Housing Recovery Operations  
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[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
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如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

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Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

**Appendix I:**  
**Notice of Intake**  
**(for Permanent Displacement)**

[Tenant Name]  
[Tenant APP-ID]  
[Tenant Address]

[Date]

Dear [Tenant Name],

Previously you were notified that the Owner of the property at [DAMAGED PROPERTY ADDRESS] submitted an application to the City of New York (the “City”) for financial assistance to rehabilitate or sell the building that you occupy and that the proposed project may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant (CDBG) program.

The purpose of this notice is to inform you that the previously mentioned Property Owner has signed a preliminary offer to continue his/her application for federal assistance and that **you may be permanently displaced in connection with this federally funded project.**

If displaced, you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) and, under said act, may be eligible for relocation assistance payments.

**This is a notice that you should begin the intake process and schedule an intake meeting for permanent displacement assistance with one of the Program’s URA Tenant Counselors. If you have not received a phone call from a counselor, please contact us by calling Build it Back Counseling Hotline at 646-237-5925 or via email at [URAINBOX@recovery.nyc.gov](mailto:URAINBOX@recovery.nyc.gov).**

- **You are eligible for counseling with a URA Tenant Counselor.**
- **This is not a Notice of Relocation Eligibility.** If you complete the intake process and the Property Owner continues with his/her Build it Back application, you will receive a separate Notice of Relocation Eligibility letter.
- **This is not a notice to vacate the premises.** You will not be asked to move until at least one comparable replacement dwelling has been presented to you and until you have been provided with at least 90 days advance written notice.

At your intake appointment, a Build it Back Counselor will work with you to: ensure that you understand your rights under the Uniform Relocation Act; complete an eligibility application; and collect pertinent information about your household and current residence.

Your counselor will guide you through the URA application process and will advise you on your potential eligibility for other housing assistance programs, such as the Housing Choice Voucher Program/Section 8.

In order to complete the intake process, please be sure to collect, organize, and provide the Program with the required documents listed in the attachment, ***Required Documents for Permanent Displacement Intake***.

Please be advised that in order to qualify for assistance under the Uniform Relocation Act, you must be a tenant in good standing. If eligible, you will be entitled to the following relocation assistance benefits:

**Relocation Advisory Services.** You will receive counseling and other assistance to help you find another home and prepare to move.

**Payment for Moving Expenses.** You may be eligible to receive a benefit that covers moving expenses associated with relocation to your Comparable Replacement Dwelling. It may also include transfer charges (utility, cable, phones, etc.) incurred because of relocation. The Program will reimburse a payment based on a fixed schedule or for your actual reasonable moving and related expenses.

**Replacement Housing Payment.** You may be eligible for a replacement housing payment to rent or buy a replacement home:

- **Rental Assistance Payments** will be determined by subtracting the “base monthly rent” for the Displacement Dwelling from the cost of rent and utilities for the Comparable Replacement Dwelling. That monthly need, if any, is multiplied by 42, to determine the total amount you may receive. The base monthly rent for Displacement Dwelling is the lesser of: (1) the monthly rent and average monthly cost of utilities, or (2) for low income tenants, thirty (30) percent of your average monthly gross household income.
- **If applicable, Monthly Housing Subsidies,** such as the Housing Choice Voucher Program/Section 8, will count as a duplication of benefits and will be subtracted from this amount.
- **Purchase of a Comparable Replacement Dwelling:** You may choose to purchase a replacement home. If this option is chosen, you would be eligible for a down payment assistance payment that is equal to your maximum replacement housing payment.

**It is strongly recommended that you DO NOT sign a lease or contract of sale for a replacement home prior to your intake appointment, especially if you anticipate that you will be unable to afford the cost of replacement housing without assistance. Please consult with your Build it Back Counselor if you have already moved or plan to move in the coming weeks.**

Prior to providing any URA assistance, the program must review your application for eligibility, collect information about your current dwelling, and approve a housing inspection for the replacement dwelling. At that point, your counselor will reach out for a follow-up appointment to collect additional documents.

Included is a list of frequently asked questions regarding relocation assistance available to displaced tenants, as well as a URA brochure provided by HUD. Please review the information carefully. It explains your rights and provides additional information on eligibility for relocation payments and what you must do in order to receive these payments.

This letter is important and should be retained. If you have any questions about this notice, the attached form, or the proposed project, please contact us at the NYC Build It Back Customer Service at 646-237-5925 or [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) and ask about Uniform Relocation Assistance.

Sincerely,

Build it Back

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Si ou gen nenpòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

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Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

**Appendix J:**  
**URA Permanent**  
**Displacement Eligibility**  
**Checklist**

**Build It Back**  
**NYC CDBG Rental Assistance Application for URA Benefits**  
**Eligibility Checklist**



**Tenant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Pathway Selected: \_\_\_\_\_ Managing Agency: \_\_\_\_\_

**Eligibility Reviewer**

Name of Reviewer: \_\_\_\_\_ Date of Eligibility Review : \_\_\_\_\_

**Eligibility Application**

- Tenant has completed all necessary fields, and provided signatures where needed. *Federal, state, and local law prohibit employees, agents, and public officials of the City of New York from participating on behalf of the City in any transaction in which they have a financial interest. If the tenant identifies that a conflict of interest is present, he/she must complete Attachment A.*

**Displacement Dwelling Form**

- Tenant has completed all necessary fields, and provided signatures where needed.

**Primary Residency**

Tenant must have occupied the Hurricane Sandy affected dwelling as their primary residence for the past 90 days or longer, or have occupied the unit at the time of the storm and left solely as a result of the storm. To confirm residency, the tenant must provide the following. For tenants who are currently in occupancy at the displacement unit, documentation must be dated at least 90 calendar days prior from the date of application. For tenants who were in occupancy at the displacement unit at the time of Hurricane Sandy and vacated the unit solely as a result of the hurricane, documentation must be dated at least 90 calendar days prior from the date of the hurricane, October 29, 2012.

- Lease OR Notarized letter from Landlord with:
- Tenant name, address, and unit number;
  - Monthly rent payment (if, applicable);
  - Lease start and end date(s) (if, applicable);
  - If applicable: Utilities included in rent and, if so, which ones; condo/coop fees; other maintenance fees;
  - Type of unit, including description of location in building;
  - Description of unit, including number of rooms, bedrooms, baths; parking; storage;
  - Building and unit amenities, including elevator, porch, ramp, or special needs.

**Build It Back**  
**NYC CDBG Rental Assistance Application for URA Benefits**  
**Eligibility Checklist**



**Proof of Identification**

Tenant is required to provide **one** of the non-expired, government issued photo identification listed below:

- Driver's License;
- State of City Issued Identification Card;
- Passport or Passport Card;
- Permanent Resident Card;
- Military ID;
- Other Official State or Federal Photo Identification

**Citizenship and Qualified Alien Status**

Tenant is required to provide **one** of the following documents will be required to prove citizenship:

- Current or expired US Passport or US Passport Card matching name on application;
- Current or expired New York State Enhanced Driver's License ("EDL") or Enhanced Non-Driver Photo ID Card ("ENDID")
- Valid US Birth Certificate;
- Certificate of Naturalization;
- Certificate of Citizenship;
- Alien Number
- 1-94 Admission Number

**Eligibility Result**

Eligibility Result \_\_\_\_\_ Date Eligibility Review Completed \_\_\_\_\_

Ineligibility Reason (If, applicable): \_\_\_\_\_

Date Notice of Ineligibility Sent: \_\_\_\_\_

**Revision/Update History**

Date	Update Added

# **Appendix K:** **Notice of Eligibility** **Confirmation**

[TENANT NAME]  
[MAILING STREET ADDRESS]  
[MAILING CITY][MAILING STATE][MAILING ZIP]

APPLICATION ID:  
[DAMAGED PROPERTY]:

[DATE]

Dear [Tenant Name]

Our records indicate that you recently submitted a CDBG Rental Assistance Application form for relocation assistance related to your displacement from [DAMAGED PROPERTY ADDRESS]. The Mayor's Office of Housing Recovery Operations (HRO) has received your application and has determined that you are eligible to receive relocation assistance through the Program's Uniform Relocation Act (URA). Your application has been referred to the Department of Housing Preservation and Development (HPD) for calculating the maximum budget for your Rental or Down Payment Assistance. The assistance will be capped at the monthly rental cost of a comparable replacement dwelling identified by the Program.

Please contact your case manager if you have not provided the required documents for Primary Residence (see *Required Documents for Permanent Displacement Intake, 1.3 Primary Residence*). We appreciate your patience and flexibility throughout this process. If you have any questions or would like further information about your benefit and this process, please contact the Build it Back Counseling Hotline at 646-237-5925 or email HRO's URA team at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov)

Sincerely,

Build it Back

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Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

# **Appendix L:** **Notice of Relocation** **Eligibility**



## NYC Build it Back

NYC Housing Recovery Operations

212-615-8329

housing@recovery.nyc.gov

nyc.gov/builditback

## Notice of Relocation Eligibility

[Tenant Name]

[Tenant Address]

[Date]

Dear [Tenant Name],

Previously you were notified of proposed activity at **[DAMAGED PROPERTY ADDRESS]** for a project that could receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program.

You were also notified that you may be eligible for relocation assistance and payments under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).

- **This is your notice that you will be displaced by the Build it Back project.** Your landlord is continuing with his/her Build it Back application, which has been approved and will receive federal funding.
- **This is your Notice of Relocation Eligibility.** The purpose of this notice is to notify you of the effective date of your eligibility, to present at least one comparable replacement dwelling, and to present the amount of your maximum replacement housing payment.
- **The effective Date of Eligibility is [REDACTED].**
- **This is not a notice to vacate the premises.** You will not be required to move without at least 90 days advance written notice. Additionally, you will not be required to move permanently unless at least one comparable replacement dwelling has been made available to you. Both a 90 Day Move-Out Notice and comparable replacement dwelling options are included in this mailing.
- **The relocation assistance to which you are entitled includes:**
  - Relocation Advisory Services. You will receive counseling and other assistance to help you find another home and prepare to move.
  - Payment for Moving Expenses. You may be eligible to receive a benefit that covers moving expenses associated with relocation to your Comparable Replacement Dwelling. It may also include transfer charges (utility, cable, phones, etc.) incurred because of relocation and a broker fee. Refundable security deposits are not eligible for reimbursement. The Program will reimburse an amount based on a fixed schedule or your actual reasonable moving and related expenses based on receipts. You may also be provided with a separate benefit toward transportation costs associated with your search for a replacement dwelling, either in the form of a fixed payment or reimbursement amount.

- **Replacement Housing Payment.** You may be eligible for a replacement housing payment to rent or buy a replacement home:
  - **Rental Assistance Payments** will be determined by subtracting the “base monthly rent” for the Displacement Dwelling from the cost of rent and utilities for the Comparable Replacement Dwelling. That monthly need, if any, is multiplied by 42, to determine the total amount you may receive. The base monthly rent for Displacement Dwelling is the lesser of: (1) the monthly rent and average monthly cost of utilities, or (2) for low income tenants, thirty (30) percent of your average monthly gross household income. The maximum rental assistance amount is based on the lesser of the monthly rent of your new dwelling, and the monthly rent of a comparable replacement dwelling. All rental assistance payments are made in a minimum of three (3) installment payments over the course of three (3) to six (6) months.
  - **If applicable, Monthly Housing Subsidies,** such as the Housing Choice Voucher Program/Section 8, will count as a duplication of benefits and will be subtracted from this amount.
  - **Purchase of a Replacement Dwelling:** You may choose to purchase a replacement home. If this option is chosen, you would be eligible for a down payment assistance payment that is equal to your maximum replacement housing payment. This payment will be disbursed in the form of one lump sum.

You have also been provided with the opportunity to meet with a Build it Back Counselor and provide the required documents in order to be considered for relocation assistance. The Counselor will reach out to you to assist you with Relocation Advisory Services and to make your claims for the Moving Expenses Payment and a Replacement Housing Payment. In order to complete the claims process, please be sure to collect, organize, and provide the Program with the required documents listed in the attachment, ***Required Documents for Permanent Displacement Intake.***

The Program has identified three comparable replacement dwellings based on information provided during your intake interview. The program has also estimated your moving expenses payment (**see next page**).

Replacement housing must be inspected in order to ensure it is decent, safe and sanitary before any replacement housing payments are made. If you choose to rent or purchase a decent, safe and sanitary replacement dwelling that costs less than the maximum replacement housing payment, your replacement housing payment will be capped at the actual rental cost or purchase price of that home.

Included is a list of frequently asked questions regarding relocation assistance available to displaced tenants, as well as a URA brochure provided by HUD. Please review the information carefully. It explains your rights and provides additional information on eligibility for relocation payments and what you must do in order to receive these payments.

**Remember, it is strongly recommended that you DO NOT move or commit to the purchase or lease of a replacement home before we have a chance to further discuss your eligibility for relocation assistance.** This letter is important and should be retained.

If you have questions or would like more information about this notice, please email us at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) or call the Build it Back Counseling Hotline at 646-237-5925.

Sincerely,

Build it Back

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 NYC Housing Recovery Operations  
 212-615-8329  
 housing@recovery.nyc.gov  
 nyc.gov/builditback

## URA Benefit Calculation Worksheet

### A. Comparable Replacement Dwellings

Listed below are three comparable dwellings that you may wish to consider for your replacement home.

Comparable Dwelling No.	Address	Monthly Rent and Utility Costs	Agent's Contact Information if avail.
1			
2			
3			

### B. Rental or Down Payment Assistance Benefit

The program will use the most representative comparable dwelling and base monthly rent available at the time of this notice to calculate your preliminary maximum replacement housing payment. This amount may change as a result of an income calculation. The rental assistance amount will be capped at the lesser of the rent of the comparable unit or rent of the replacement unit, less any amounts previously received through Build it Back partners or other housing subsidy payments such as Section 8. If you choose to apply the funds as down payment assistance, the amount will be equal to your maximum replacement housing payment.

1. The program has determined that the following unit is the most representative of your present home:	Comparable Dwelling No. _____
2. Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling:	\$ _____
3. Base Monthly Rent and Average Monthly Utility Costs for Displacement Dwelling:	\$ _____
4. Monthly Rent Differential. This amount is capped by the monthly rent of your replacement dwelling:	\$ _____
5. Preliminary Maximum Replacement Housing Payment. This amount is capped by the monthly rent of your replacement dwelling:	\$ _____

### C. Moving and Related Expenses Benefit

Moving assistance on the fixed schedule is based on the number of rooms in an apartment with furniture, including bedroom, dining room, kitchen, office, etc. Bathrooms are excluded. Households may also choose reimbursement for an actual cost move with receipts.

<i>Fixed Schedule for Moving and Related Expenses</i>									
Number of rooms	1	2	3	4	5	6	7	8	Add'l room
Assistance	\$600	\$800	\$1000	\$1200	\$1400	\$1600	\$1800	\$2000	\$200
Number of rooms in your displacement dwelling with furniture:								[NUM ROOMS]	

**Certification of Receipt Uniform Relocation Act Notice of Relocation Eligibility**

---

**I/We, the undersigned, understand the above information in this document.**

---

Tenant Signature

Tenant Name (Printed)

Date

# **Appendix M:** **90 Day Move** **Out Notice**



**NYC Build it Back**  
NYC Housing Recovery Operations

212-615-8329  
housing@recovery.nyc.gov  
nyc.gov/builditback

[Tenant Name]  
[Tenant APP-ID]  
[Forwarding Address]

[Date]

Dear [Tenant Name],

The property owner submitted an application to the City of New York for financial assistance to sell the unit that you occupy. The proposed project has been approved and will receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program.

Work will soon begin on the building you now occupy. Please take notice that you will need to vacate your unit permanently starting [Date of Tenant Move Out]. This is a 90 day notice to inform you of your impending move out date. Please note that you will not be required to move permanently unless at least one comparable replacement dwelling has been made available to you. In addition, you will not be required to move earlier than 90 days after such a dwelling is made available.

**Please be advised that in order to qualify for assistance under the Uniform Relocation Act, you must be a tenant in good standing.**

If you have any questions or would like more information about his notice, please contact us by email at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

Sincerely,

Build It Back Customer Operations

---

**Certification of Receipt Uniform Relocation Act 90 Day Notice**

I/We, the undersigned, understand the above information in this document.

---

Tenant Signature

Tenant Name (Printed)

Date



**NYC Build it Back**  
NYC Housing Recovery Operations

212-615-8329  
housing@recovery.nyc.gov  
nyc.gov/builditback

إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

**Appendix N:**  
**30 Day Move Out**  
**Notice**

[Tenant Name]

[Tenant Mailing Address]

[Date]

Dear [Tenant Name]:

The property owner submitted an application to the City of New York for financial assistance to acquire the unit that you occupy. The proposed project has been approved and will receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program.

Work will soon begin on the building you now occupy. Please take notice that you will need to vacate your unit permanently starting [Date]. **This is a notice to vacate the premises prior to the displacement start date.**

If you have any questions or would like more information about his notice, please contact us by email at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

Sincerely,

Build It Back Customer Operations

---

**Certification of Receipt Uniform Relocation Act Notice of Move Out**

---

**I/We, the undersigned, understand the above information in this document.**

---

Tenant Signature

Tenant Name (Printed)

Date



**NYC Build it Back**  
NYC Housing Recovery Operations

212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

# **Appendix O:** **Notice of Ineligibility**



**NYC Build it Back**  
 NYC Housing Recovery Operations  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

Tenant Address

Date

Dear Tenant:

Previously you were notified that the owner of the property at which you currently reside submitted an application to the City of New York for financial assistance to rehabilitate, reconstruct, elevate, or sell the unit you occupy at **Damaged Property Address** assistance under the Uniform Relocation Act.

The purpose of this notice is to inform you of your ineligible status for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). The Program's determination was made based on the following:

**Case Specific Notes, as reported in CMS**

Accordingly, for the reason(s) outlined above, Build it Back does not consider you to be permanently displaced and is unable to provide you with rental assistance benefits under the Uniform Relocation Act.

***If you have already moved out of your unit, please contact the Build it Back Counseling Hotline at 646-237-5925 as soon as possible.***

If you have any questions or would like more information about his notice, please contact us by email at [URAIinbox@recovery.nyc.gov](mailto:URAIinbox@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

Best,

NYC Build it Back

*Notice of URA Ineligibility  
 Mayor's Office of Housing Recovery Operations (HRO)  
 v.1.0*

If you have questions, please contact Build it Back Customer Service at (212) 615-8329 or by email at [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

যদি আপনার কোনো প্রশ্ন থাকে তাহলে, অনুগ্রহ করে Build it Back গ্রাহক পরিষেবায় (212) 615-8329 নম্বরে ফোন করে অথবা [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) এ ইমেল করে যোগাযোগ করুন।

若有任何疑问，请联系 Build it Back 客服，电话：(212) 615-8329，邮箱：[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si vous avez des questions, veuillez contacter le Service à la clientèle de Build it Back par téléphone au (212) 615-8329 ou par courriel à [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si ou gen kesyon, tanpri kontakte Sèvis Kliyantèl Build it Back nan nimewo (212) 615-8329 oswa nan imèl nan [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

문의사항이 있는 경우 Build it Back 고객 서비스부에 (212) 615-8329 번으로 전화하거나 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) 로 이메일을 보내시기 바랍니다.

Если у вас есть вопросы, пожалуйста, обратитесь в клиентскую службу Build it Back по телефону (212) 615-8329 или отправьте сообщение на эл. почту [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

Si tiene alguna pregunta, contacte a Servicios al Consumidor de Build it Back al (212) 615-8329 o por correo electrónico a [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

# **Appendix P:** **Notice of URA** **Withdrawal**



**NYC Build it Back**  
NYC Housing Recovery Operations

212-615-8329  
housing@recovery.nyc.gov  
nyc.gov/builditback

[Tenant Name]  
[Tenant APP-ID]  
[Street Address]  
[City, ST ZIP Code]

[Date]

Dear [Your Name]:

Previously you were notified that the owner of the property at which you currently reside submitted an application to the City of New York for financial assistance to rehabilitate, reconstruct, elevate, or sell the unit you occupy at [DAMAGED PROPERTY ADDRESS]. As a result, you were provided with eligibility information pertaining to potential relocation assistance.

The purpose of this notice is to inform you that your landlord is no longer participating in the Build it Back Program and that you may therefore no longer be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). If you have received a move out notice in regards to the relocation or displacement of your household, please note that you are no longer required to move out.

***If you have already moved out of your unit, please contact the Build it Back Counseling Hotline at 646-237-5925 as soon as possible.***

If you have any questions or would like more information about his notice, please contact us by email at [URAINBOX@recovery.nyc.gov](mailto:URAINBOX@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

Best,

NYC Build it Back

*Notice of URA Ineligibility  
Mayor's Office of Housing Recovery Operations (HRO)  
v.1.0*

If you have questions, please contact Build it Back Customer Service at (212) 615-8329 or by email at [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

যদি আপনার কোনো প্রশ্ন থাকে তাহলে, অনুগ্রহ করে Build it Back গ্রাহক পরিষেবায় (212) 615-8329 নম্বরে ফোন করে অথবা [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) এ ইমেল করে যোগাযোগ করুন।

若有任何疑问，请联系 Build it Back 客服，电话：(212) 615-8329，邮箱：[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si vous avez des questions, veuillez contacter le Service à la clientèle de Build it Back par téléphone au (212) 615-8329 ou par courriel à [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si ou gen kesyon, tanpri kontakte Sèvis Kliyantèl Build it Back nan nimewo (212) 615-8329 oswa nan imèl nan [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

문의사항이 있는 경우 Build it Back Q 2P/x3 .7 (212) 615-8329 -...8p) 98G F /![housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)) 8x+ 8 8x (!L4 dH(`# \$

Если у вас есть вопросы, пожалуйста, обратитесь в клиентскую службу Build it Back по телефону (212) 615-8329 или отправьте сообщение на эл. почту [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

Si tiene alguna pregunta, contacte a Servicios al Consumidor de Build it Back al (212) 615-8329 o por correo electrónico a [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

# **Appendix Q: Tenant Refusal of TAS**

**[Tenant's Name]****[Street Address]****[City, ST ZIP Code]****[DATE]**Dear **[Tenant's Name]**,

Previously you were notified that your landlord submitted an application to the City of New York's Build it Back Program for financial assistance to rehabilitate or reconstruct the property that you occupy, and that as a result you may need to temporarily relocate. Because this project is receiving funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program, tenants whose landlords participate in Build it Back are entitled to receive relocation benefits required by the Uniform Relocation Act (URA). Tenants that will be temporarily relocated will be contacted by the Center for New York City Neighborhoods, the Program's counseling vendor, to schedule a Tenant Advisory Service Meeting. During this meeting, tenants who will be temporarily relocated will be provided with the rights and conditions of their temporary move. Tenants will be presented with the Temporary Relocation Agreement indicating that they understand their relocation benefits, and that their landlords are obligated to provide reimbursement for their temporary relocation costs.

Tenants who decline counseling may access these services at a future time. To access these services, please call the Center for New York City Neighborhoods at (646) 237-5925. If you have any questions about this notice or the proposed project, please contact us at the NYC Build It Back Customer Service at 212-615-8329 or [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) and ask about Uniform Relocation Assistance. Since you have opted to decline tenant advisory services your acknowledgement below is required.

I, \_\_\_\_\_, formally decline to participate in tenant advisory services and knowingly refuse all potential URA benefits. By signing below, I certify that I understand the potential benefits I may have received under the Uniform Relocation Act. I acknowledge that the Center for New York City Neighborhoods has offered me counseling services. I acknowledge that I have carefully read this document, and I represent that I fully understand its contents and sign it voluntarily.

\_\_\_\_\_  
**Tenant (Print Name)**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Counselor (Print Name)**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nenpòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

# **Appendix R: Voluntary Refusal of Permanent Displacement**



**NYC Build it Back**  
 NYC Housing Recovery Operations  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

**[Tenant's Name]**  
**[Street Address]**  
**[City, ST ZIP Code]**

Dear **[Tenant's Name]**,

Previously you were notified that your landlord submitted an application to the City of New York's Build it Back Program for financial assistance to rehabilitate, sell, or reconstruct the property that you occupy, and that as a result you may need to be displaced. Because this project is federally funded through the U.S. Department of Housing and Urban Development (HUD), under the Community Development Block Grant program, tenants whose landlords participate in Build it Back may be entitled to receive relocation or displacement benefits under the Uniform Relocation Act (URA).

It is our understanding that you have been made aware of all benefits potentially available to you and have decided to decline those benefits. If you are opting to refuse any relocation or displacement benefits, your acknowledgement below is required. However, if you have not participated in a counseling meeting and would like to access these services, please contact the Center for New York City Neighborhoods, a Build it Back program partner, at (646) 237-5925.

If you have any questions or would like more information about his notice, please contact us by email at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

**Certification:**

I, \_\_\_\_\_, knowingly refuse all potential URA benefits. By signing below, I willingly certify that benefits available under the Uniform Relocation Act. I acknowledge that the Build it Back Program through the Center for New York City Neighborhoods has offered me counseling services. I acknowledge that I have carefully read this document and fully understand its contents.

---

**Tenant (Print Name)**

---

**Signature**

---

**Date**

---

**Counselor (Print Name)**

---

**Signature**

---

**Date**



إن كانت لديك أية أسئلة بشأن هذا الإخطار أو النموذج المرفق أو المشروع المقترح، يرجى الاتصال بنا على خدمة عملاء NYC Build It Back على رقم 212 615 8329 أو عبر البريد الإلكتروني [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) وأسأل عن مساعدة الانتقال الموحدة (Uniform Relocation Assistance).

如果您对此通知、随附的表格或提议的项目有任何疑问，请联系 NYC Build It Back 客户服务中心，拨打电话 212 615 8329 或发邮件至 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)，询问有关统一搬迁援助 (Uniform Relocation Assistance) 的事宜。

Si ou gen nempòt kesyon konsènan avi sa a, fòm ki vini ak li a, oswa pwojè ki pwopoze a, tanpri kontakte nou nan Sèvis Kliyantèl NYC Build It Back nan 212 615 8329 oswa [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) epi mande sou Asistans Relokasyon Inifòm nan (Uniform Relocation Assistance).

본 통지문, 첨부 양식 또는 제안된 프로젝트에 관한 문의 사항이 있으실 경우 NYC 재건(Build It Back) 고객 서비스에 212-615-8329번 또는 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 연락하셔서 단일 이주 지원(Uniform Relocation Assistance)에 대해 문의하십시오.

Если у Вас возникли вопросы по данному уведомлению, прикрепленной форме или предложенному проекту, свяжитесь с нами через отдел по работе с клиентами в NYC Build It Back по телефону 212 615 8329 или эл. почте [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) и спросите о Единой политике содействия переселению (Uniform Relocation Assistance).

Si tiene alguna pregunta sobre este aviso, el formulario adjunto o el proyecto propuesto, contacte a Servicios al Cliente de NYC Build It Back al 2126158329 o en [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) y solicite información sobre la Ley de Reubicación Uniforme (Uniform Relocation Assistance).

**Appendix S:**  
**Voluntary Refusal of**  
**Temporary Displacement**



**NYC Build it Back**  
NYC Housing Recovery Operations

212-615-8329  
housing@recovery.nyc.gov  
nyc.gov/builditback

[Tenant's Name]  
[Street Address]  
[City, ST ZIP Code]

Dear [Tenant's Name],

Previously you were notified that your landlord submitted an application to the City of New York's Build it Back Program for financial assistance to rehabilitate or reconstruct the property that you occupy, and that as a result you may need to temporarily relocate. Because this project is receiving funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Community Development Block Grant program, tenants whose landlords participate in Build it Back may be entitled to receive relocation benefits required by the Uniform Relocation Act (URA).

As a tenant that will be temporarily relocated, you should have been contacted by the Center for New York City Neighborhoods (CNYCN), the Program's counseling vendor, to schedule a Tenant Advisory Services (TAS) meeting to explain your rights under the URA. It is our understanding that you have been made aware of all benefits potentially available to you and have decided to decline those benefits. If you are opting to refuse any relocation benefits, your acknowledgement below is required. However, if you have not participated in a TAS meeting and need to access these services, please contact the CNYCN at (646) 237-5925.

If you have any questions or would like more information about his notice, please contact us by email at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at (646) 237-5925.

I, \_\_\_\_\_, knowingly refuse all potential URA benefits. By signing below, I certify that I understand the potential benefits I may have received under the Uniform Relocation Act. I acknowledge that the Build it Back Program through the Center for New York City Neighborhoods has offered me counseling services. I acknowledge that I have carefully read this document, and I represent that I fully understand its contents and sign it voluntarily.

\_\_\_\_\_  
**Tenant (Print Name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Counselor (Print Name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# **Appendix T: Landlord-Tenant Agreement**

**Landlord Tenant Agreement Statement of Understanding**

I, the undersigned tenant, understand and acknowledge that:

- 1) Temporary relocation from my apartment may be needed to expedite, and/or because of hazardous conditions during, construction.
- 2) I am responsible for paying rent, and my Landlord will be responsible for reasonable costs associated with the temporary move.
- 3) My Landlord will provide storage for my personal belongings and furniture, if needed.
- 4) I will cooperate with my Landlord, the City of New York, or any agents of the City for access to my apartment for construction to take place.
- 5) I have been given a copy of the “Landlord Tenant Agreement,” which explains my rights to my primary apartment and states that I will return to my apartment as soon as possible after the completion of construction.

By signing below, I tenant agree to cooperate with the relocation process, and I certify that I have read the attached “Landlord Tenant Agreement.”

**TENANT:**

\_\_\_\_\_  
(Signature) Tenant

\_\_\_\_\_  
Date

## **LANDLORD TENANT AGREEMENT**

**THIS LANDLORD TENANT AGREEMENT** known as (the “Agreement”) made, by and between \_\_\_\_\_ (the “Landlord”) and \_\_\_\_\_ (the “Tenant”) presently residing in the property known as \_\_\_\_\_ New York (the “Property”) in Apartment # \_\_\_\_\_ (the “Tenant Original Apartment”).

**WHEREAS**, Landlord has applied to have the Property rehabilitated as part of the City of New York’s (the “City”) Build it Back Program; and

**WHEREAS**, in order for the Landlord to rehabilitate the Property, it is necessary for Tenant to vacate Tenant Original Apartment temporarily (the “Temporary Relocation Period”) and move to another location (the “Temporary Relocation Dwelling”);

**NOW, THEREFORE, IT IS HEREBY AGREED**, between Landlord and Tenant as follows:

- 1) Tenant hereby agrees to vacate the Tenant Original Apartment temporarily and be temporarily relocated to a Temporary Relocation Dwelling for approximately \_\_\_\_\_.
- 2) Landlord agrees to make available, at no additional cost to Tenant, an appropriate Temporary Relocation Dwelling for Tenant. If the rental cost of the Temporary Relocation Dwelling is greater than the rent set forth in Tenant’s lease, Landlord shall pay the difference. Landlord agrees that the Temporary Relocation Dwelling shall meet the standards identified in Attachment A and that Tenant will not be obligated to accept a Temporary Relocation Dwelling if it does not meet these criteria.
- 3) Tenant agrees to vacate the Temporary Relocation Dwelling within 7 days of receipt of notice that Tenant Original Apartment has been completed and is available for re-occupancy. If Tenant does not vacate Temporary Relocation Unit within 7 days of receiving written notice to do so, unless otherwise agreed to in writing by Landlord and Tenant, Tenant will be in default of this Agreement and will be responsible for any and all additional storage and housing costs incurred by Landlord on behalf of Tenant after this period.
- 4) Tenant understands that while Tenant is occupying Temporary Relocation Dwelling, Tenant will be charged Tenant’s current monthly rent and for the cost of utilities used in the Temporary Relocation Dwelling, unless the utilities are included in the current monthly rent, if applicable, for the Tenant Original Apartment.
- 5) Landlord agrees to pay all reasonable and documented (i) moving fees, (ii) disconnection/connection charges for all necessary utilities (i.e., water, sewer, gas and electricity) and telephone, cable service, or Internet access, if any, at the Tenant Original Apartment, and (iii) storage expenses related to Tenant’s Temporary Relocation period and move to the Temporary Relocation Dwelling and back to the Tenant Original

Apartment.

- 6) If Landlord fails to provide Tenant with the obligations outlined in this Agreement, Landlord shall be in default of this Agreement. Landlord's default of this Agreement may result in default of Landlord's Rehabilitation Grant Agreement (the "Grant Agreement") with the City as part of the Build it Back Program. Upon declaring a default of the Grant Agreement, at its discretion, the City may take any or all of the following actions:
  - a. terminate the Grant Agreement and/or agreements signed with contractors participating in the Build it Back Program, as applicable;
  - b. stop work on the Property or direct contractor to stop work on the Property, either temporarily or permanently; and/or
  - c. demand reimbursement for all or a portion of the grant award outlined in the Grant Agreement or the amount that was paid and/or is due to the contractor for work completed.
- 7) Tenant recognizes and Landlord acknowledges that during the Temporary Relocation Period and after Tenant returns to the Tenant Original Apartment, Tenant is subject to the rent set forth in Tenant's lease.
- 8) Tenant agrees that if the Temporary Relocation Period lasts longer than 12 months, Tenant shall select to either: (a) remain temporarily relocated for a period agreed upon by Landlord and Tenant, after which Tenant shall move back to the Tenant Original Apartment or (b) choose permanent relocation assistance consistent with the requirements of the Uniform Relocation Act. Tenant shall notify the Program if Tenant elects (b), and Landlord's obligations under this Agreement will cease.
- 9) Landlord agrees and Tenant acknowledges that Tenant will be entitled to move back to Tenant Original Apartment once the rehabilitation of Tenant Original Apartment has been completed.
- 10) If Tenant and Landlord do not have a written lease prior to the Temporary Relocation Period, Landlord agrees to accept Tenant's occupancy after the Temporary Relocation Period under the same terms as existed prior to the Temporary Relocation Period provided the Tenant has not been lawfully evicted for breaching the terms of the Tenant's lease.
- 11) If Tenant's lease ends during the Temporary Relocation Period, Landlord agrees to offer a lease agreement to Tenant after the Temporary Relocation Period with the same terms as the expiring lease.
- 12) Tenant agrees to complete and sign Attachment B, providing information regarding Tenant's household composition and income.
- 13) Tenant may not sublet or assign Temporary Relocation Dwelling or Tenant Original Apartment during the term of this Landlord Tenant Agreement.
- 14) Tenant shall not cause any changes or alterations whatsoever to the Temporary Relocation Dwelling and shall be responsible for any damage to the Temporary Relocation Dwelling during the Temporary Relocation Period, normal wear and tear excepted.
- 15) Tenant certifies that he/she is a lawful occupant of the Property.

- 16) This Agreement shall be binding upon the parties and other signatories hereto, and their respective heirs, successors and assigns.
- 17) This Agreement shall be deemed to be executed in the State of New York and subject to and construed in accordance with the law of the State of New York. The parties consent to submit to the jurisdiction of the courts of the State of New York, New York County and the federal courts located within the City of New York.
- 18) Landlord and Tenant hereby acknowledge that they have the absolute right to have an attorney review this Agreement and either has done so or freely foregone such right. The parties acknowledge that they understand the meaning and impact of each and every term of this Agreement, and have entered into this Agreement freely and without reservation, undue influence or duress of any kind and nature, and with the knowledge that this Agreement will be binding upon them.
- 19) This Agreement may be executed in counterparts, each of which shall be deemed to be an original but all of which taken together shall constitute one and the same agreement. Facsimile or scanned and emailed counterpart signatures to this Agreement shall be acceptable and binding on the parties hereto.
- 20) All exhibits referenced in this Agreement are made a part of this Agreement.

**[NO FURTHER TEXT; SIGNATURE NEXT PAGE]**

**IN WITNESS WHEREOF**, the parties have duly executed this Agreement as of the date indicated below:

**LANDLORD:**

\_\_\_\_\_  
(Signature) Landlord  
Print Name:

\_\_\_\_\_  
Date

**TENANT:**

\_\_\_\_\_  
(Signature) Tenant  
Print Name:

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature) Tenant  
Print Name:

\_\_\_\_\_  
Date

**IN WITNESS WHEREOF**, the parties have duly executed this Agreement as of the date indicated below:

**LANDLORD:**

\_\_\_\_\_  
(Signature) Landlord  
Print Name:

Date \_\_\_\_\_

**TENANT:**

\_\_\_\_\_  
(Signature) Tenant  
Print Name:

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature) Tenant  
Print Name:

Date \_\_\_\_\_

## **Attachment A**

Tenants have the right to a livable, safe and sanitary apartment that meets the following standards:

1. Tenants are entitled to live in a place with sanitary facilities. This means that they will need to stay in a unit that has a bathroom with a working toilet, sink, and shower or tub.
2. Tenants are entitled to live in a place that has adequate space and is safe and secure. This means that there is sufficient living space and exterior doors to the unit that are lockable.
3. Tenants must live in a place that has a working, safe system for providing heat.
4. Each room must have working electricity.
5. The unit must be structurally sound. This means that ceilings, walls and floors are without holes, loose surface materials, severe buckling, or other serious damage. Any elevator(s) in the building must be working.
6. Tenants are entitled to live in a place that is free of air pollutants and has a water supply free of contamination. This means that there must be adequate air circulation provided by openable, lockable windows and that the unit is served by public water supply.
7. The unit must have adequate means of entry and exit.
8. The unit must be free of vermin and rodent infestation and free from dirt and debris.
9. The unit must contain working smoke detectors.
10. If applicable, the unit must provide a reasonable accommodation for Tenant's or Tenants' disabilities as required by law.
11. If the Tenant has a pet and/or a service animal, the unit must allow Tenant's pet and/or service animal to remain with Tenant.

**Attachment B**  
Income Self Certification Form for Tenants

# **Appendix U: CDBG Rental Assistance Application**



**NYC CDBG RENTAL ASSISTANCE APPLICATION FOR URA  
PERMANENT DISPLACEMENT BENEFITS**

# INSTRUCTIONS FOR APPLICATION

## General Instructions

- Read the instructions for this application, and fill it out with the assistance of your HRO team member. The application must be filled out in the presence of HRO.
- Once the application is complete, the Tenant (Head of Household) must sign and date the application.
- Submit application with all the required documentation to your Housing Recovery Specialist. Documentation can also be dropped off at Build it Back Centers.

## Itemized Instructions

**1. TENANT INFORMATION:** Provide your legal name, and both your current address where you receive your mail, as well as the address of the Sandy-damaged property (if different). Provide your date of birth, your marital status, e-mail address (if applicable), and other information.

**2. ALTERNATE CONTACT INFORMATION:** This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location.

**3. ELIGIBILITY INFORMATION:** The information collected here is important to determine eligibility as it relates to disaster damage to your unit, including primary residency and FEMA registration information. Confirm whether you occupied the property during the time of the disaster, whether you are currently living in that structure, or whether you were displaced because of the disaster.

**4. CERTIFICATION OF LEGAL RESIDENCY IN THE UNITED STATES:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a “displaced person” must be a United States citizen or national, or an alien lawfully present in the United States.

**5. RENTER INFORMATION:** Confirm general information concerning rental terms of the damaged property.

**6. TENANT HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the current Head of Household and all other members of the household. Indicate the date of birth of each household member, and whether any are disabled or have special needs.

**7. RACE AND ETHNICITY FOR TENANT HEAD OF HOUSEHOLD:** This information is being collected to ensure compliance with Federal Housing and Equal Opportunity regulations.

**8. SPECIAL NEEDS OR REQUIRED SUPPORT:** If applicable, please identify additional support that you (or your family members) may need in order to complete the application process. For instance, mobility assistance, translation for non-English speakers, special needs, or other required assistance.

**9. CONFLICTS OF INTEREST DISCLOSURE:** Federal, state, and local law prohibit employees, agents, and public officials of the City of New York from participating on behalf of the City in any transaction in which they have a financial interest.

**10. TENANT ELIGIBILITY RELEASE:** It is required that you sign this form, which allows New York City to request information from Third Parties concerning your eligibility and participation in this Program. Each adult member of the household must sign the Eligibility Release, if applicable.

**11. TENANT CERTIFICATION:** Certify that all information in the application and all information provided to the Program is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Please identify your role	
<input type="checkbox"/>	Tenant
<input type="checkbox"/>	Representative of the Tenant (Power of Attorney required)

1. TENANT (HEAD OF HOUSEHOLD) INFORMATION: Provide your legal name, and both your current address where you receive your mail, as well as the address of the Sandy-damaged property (if different). Provide your date of birth, marital status, e-mail address (if applicable), and other information.	
Last Name:	
Middle Name:	
First Name:	
Address of storm-damaged home	
Apt. # or Floor/Unit #	
City:	
State:	
Zip:	
Current Mailing Address (If different):	
Apt. # or Floor/Unit #	
City:	
State:	
Zip:	
Home Phone:	
Daytime phone:	
Mobile Phone:	
Email:	
Date of Birth:	
Gender:	
Marital Status:	

2. ALTERNATE CONTACT INFORMATION: This information is being collected to assist us in locating you in the event that you move or are living temporarily in another location.	
Contact Name (#1):	
Contact Phone No.:	Email:
Address:	
Contact Name (#2):	
Contact Phone No.:	Email:
Address:	

<p><b>3. ELIGIBILITY INFORMATION:</b> The information collected here is important to determine eligibility as it relates to disaster damage to your unit, including primary residency and FEMA registration information. Confirm whether you occupied the property during the time of the disaster, whether you are currently living in that structure, or whether you were displaced because of the disaster.</p>		
Was the unit damaged or destroyed by Sandy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently living in the unit? If yes, continue to section 4  If no, continue to next question	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the unit your primary residence at the time of the storm?  If yes, continue to next question.  If no, continue to section 4	<input type="checkbox"/> YES	<input type="checkbox"/> NO
When did you leave the unit?	Date:	
Where are you living now?	<input type="checkbox"/> Apartment Rental <input type="checkbox"/> Family/Friend Home <input type="checkbox"/> Hotel Room <input type="checkbox"/> Purchased New Home <input type="checkbox"/> Public Shelter <input type="checkbox"/> Other Temporary Housing	

**4. CERTIFICATION OF LEGAL RESIDENCY IN THE UNITED STATES:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a “displaced person” must be a United States citizen or national, or an alien lawfully present in the United States.

Please complete only the category (Individual Only or Head of Household) that describes your occupancy status.

<b>Choose One</b>	Individual Only <i>(no family member applicants)</i>	I certify that I am: <i>(check one)</i>  <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> An alien lawfully present in the United States
	Head of Household <i>(applying on behalf of family members)</i>	I certify that all family member applicants are: <i>(check all that apply)</i>  <input type="checkbox"/> Citizens or nationals of the United States <input type="checkbox"/> Aliens lawfully present in the United States

**Note:** If you are unable to make this certification, please see an HRO Team Member to discuss your options.

**5. RENTER INFORMATION:** Provide basic information concerning rental terms on your lease at the unit damaged by the storm.

What is your current monthly rent?
Do you have a lease or agreement (verbal or written) with the owner of the damaged property address? If yes, please continue to the next question. If no, please skip to section six.
When does your lease or agreement expire?
Other information:

**6. TENANT HOUSEHOLD COMPOSITION, CHARACTERISTICS AND FAMILIAL STATUS:** List the current head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household (spouse, sibling, etc.). In addition, indicate if there are any additional members in the near future to the household.

Household Member Name	Gender M/F	Date of Birth	Is household member listed disabled? Y/N	Additional Members in the next (12) Months? If yes, explain, e.g. birth of a child, adoption, legal custody, marriage.

**7. RACE AND ETHNICITY FOR TENANT HEAD of HOUSEHOLD (Check one):** This information is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations. *Note: This section is optional*

<b>RACE (Check all that apply):</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other multi-racial
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Decline to Answer
<input type="checkbox"/> American Indian/Alaskan Native and White	
<b>Please select your ethnicity:</b>	<b>Are you single (unmarried) head of Household with children?</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer

**8. SPECIAL NEEDS OR REQUIRED SUPPORT:** Please describe any special needs that you or other members of your household may have. This includes any condition that restricts significant life functions. If applicable, please identify additional support that you (or your household members) may need in order to complete the application process. For instance, mobility assistance, translation for non-English speakers, or other required assistance.

If you have limited English proficiency, please indicate your preferred language

- Spanish
- Russian
- Chinese
- Sign Language (ASL)

Other (please describe):

**9. CONFLICTS OF INTEREST DISCLOSURE:** Federal, state, and local law prohibit employees, agents, and public officials of the City of New York from participating on behalf of the City in any transaction in which they have a financial interest. A “conflict of interest” is a situation in which financial or other personal considerations may compromise, or have the appearance of compromising, judgment in following the rules of the Program.

This questionnaire must be completed and submitted by each tenant. The purpose of this questionnaire is to determine whether a conflict of interest may exist. This information will assist in the determination of whether the restrictions, oversight, or other conditions might be necessary prior to your receipt of assistance under the Program.

Please mark the appropriate box for each question and complete the Attachment A, if indicated. This form (with Attachment A, if required) must be completed and returned to your Housing Recovery Specialist.

A “**Covered Employee**” is a person who is a current employee, agent, consultant, or officer of one of the following New York City agencies, or who is an elected or appointed official with oversight over one or more of the following:

**NYC Office of the Mayor / NYC Mayor's Office of Housing Recovery Operations (HRO) or the "Build it Back" Program NYC Office of Management and Budget (OMB) / NYC Department of Environmental Protection (DEP) / NYC Department of Housing Preservation and Development (HPD) / NYC Department of Design and Construction (DDC)**

Are you a <b>Covered Employee</b> ? (If YES, please complete Attachment A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have an immediate family member (spouse, domestic partner, child, stepchild, parent, stepparent, sibling, etc.) who is a <b>Covered Employee</b> ?  (If YES, please complete Attachment A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you, or any person who holds an ownership or financial interest (including tenancy) in the property described above, have business dealings or business ties to a <b>Covered Employee</b> ?  (If YES, please complete Attachment A)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**10. TENANT ELIGIBILITY RELEASE:** It is required that the tenant Head of Household sign this form, which allows New York City to request information from Third Parties concerning the tenant’s eligibility and participation in this Program.

**Information Covered:** Inquiries may be made about items initialed below by the tenant.

**Instructions to Tenant:** Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the state or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the Community Development Block Grant Disaster Recovery Program for disaster. Each adult member of the household must sign this Eligibility Release, if applicable.

**Privacy Act Notice Statement:** New York City requires the collection of the information listed in this form to determine a tenant's eligibility for the Program. This information will be used to establish the level of benefits for which the tenant is eligible and to verify the accuracy of the information furnished. Information received from a tenant or as a result of verifying a tenant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. New York City is authorized to ask for this information under the National Affordable Housing Act of 1990.

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form", must be prepared and signed separately.

Description	Verification Required	Tenant Initials
Funds received (FEMA, TDAP, DHAP, Philanthropic funds etc.)	X	
List other item here:		
<b>Signature of Head of Household:</b>		<b>Date:</b>
<b>Signature of Additional Household Member:</b>		<b>Date:</b>
<b>Signature of Additional Household Member:</b>		<b>Date:</b>
<b>Signature of Additional Household Member:</b>		<b>Date:</b>
<b>Signature of Additional Household Member:</b>		<b>Date:</b>

**11. TENANT CERTIFICATION:** Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the tenant authorizes the state or any of its duly authorized representatives herein.

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for the disaster.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I/We authorize New York City and any of its duly authorized representatives to verify all information provided in this application.

I/We authorize New York City to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program.

I/We acknowledge that a photocopy of this form is as valid as the original.

I/We acknowledge my right to review the information received using this form.

I/We acknowledge my right to obtain a copy of the information provided to the Program and to request correction of any information believed to be inaccurate.

I/We acknowledge that all household members over the age of 18 will sign this form and cooperate with the Program in the eligibility verification process.

I/We understand that additional information will likely be required to move forward with this Program.

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

<b>Signature of Head of Household:</b>	<b>Date:</b>
<b>Signature of Additional Household Member:</b>	<b>Date:</b>
<b>Signature of Additional Household Member:</b>	<b>Date:</b>
<b>Signature of Additional Household Member:</b>	<b>Date:</b>
<b>Signature of Additional Household Member:</b>	<b>Date:</b>

### Attachment A

If you answered YES to any question in Section 9: Conflicts of Interest Disclosure, please complete the relevant section(s) below. If you answered NO to ALL the questions, you may discard this attachment. Provide this completed form to your Housing Recovery Specialist.

Part 1 – About the Covered Employee (to be completed by Tenant, if Section 9 was marked “Yes”)	
Tenant’s application for Build it Back assistance is subject to conflict of interest laws as a result of his/her relationship with the following Covered Employee who is associated with the City:	
Covered Employee’s Name:	
Tenant’s Relationship with the Covered Employee:	<input type="checkbox"/> Self <input type="checkbox"/> Member of Tenant’s immediate family (including a spouse, domestic partner, child, parent, or sibling) <input type="checkbox"/> Associated with an organization that employs or is about to employ Tenant <input type="checkbox"/> Has a financial or other interest in or with Tenant <input type="checkbox"/> Other:
Covered Employee’s Relation to the Office of the Mayor, HRO, OMB, DEP, DDC and/or HPD:	<input type="checkbox"/> Employee or officer <input type="checkbox"/> Agent <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Elected or appointed official <input type="checkbox"/> Other:
Describe position and/or role of Covered Employee:	

Does the Covered Employee exercise, or has the Covered Employee exercised, any functions or responsibilities with respect to the NYC Build it Back Program, or is the Covered Employee in a position to participate in a decision-making process or gain inside information with regard to activities under the NYC Build it Back Program?

- No – if No, STOP and submit this form to the Program. At its discretion, the Program may require the Covered Employee to submit the certification of no conflict in Part 2.
- Yes – if Yes, a prohibited conflict exists. If the City determines that an exemption could be sought for the conflict, the City will complete “Part 3 – Request for Exemption.”

<p>Part 2 – Certification of NO Conflict of Interest (to be completed by the Covered Employee, if Section 9 was marked “Yes”)</p>	
<p><b>Warning:</b> Knowingly and willingly making false or fraudulent statements to the City of New York may result in denial of assistance, civil penalties, and/or referral to law enforcement.</p>	
<p>“I hereby certify under penalty of law that I am not a person described in 24 CFR § 570.611(c) who exercises, or has exercised, any responsibility with respect to the activities assisted with Program funds. I am not, and have not been, in a position to participate in a decision-making process with respect to Program activities. I have not gained inside information with regard to Program activities.”</p>	
<p>Signature of Covered Employee:</p>	<p>Date:</p>
<p><b>FOR USE BY HOUSING RECOVERY OPERATIONS LEGAL STAFF ONLY:</b> The City of New York certifies that this information is true and correct and that provision of Program assistance to Applicant-Tenant would not constitute a conflict of interest as defined at 24 CFR § 570.489(h).</p>	
<p>Authorized Signature of City of New York Representative:</p>	<p>Date:</p>

**Appendix V:**  
**Displacement Dwelling**  
**Form**



## **NYC CDBG RENTAL ASSISTANCE APPLICATION FOR URA BENEFITS – Supplemental Information on Displacement Dwelling**

The purpose of this form is to collect information from the applicant for the completion of the form titled, "Selection of Most Representative Comparable Replacement Dwelling for Computing a Replacement Housing Payment," OMB Approval No. 2506-0016.

## INSTRUCTIONS FOR APPLICATION

## General Instructions

- Read the instructions for this application, and fill it out with the assistance of your HPD team member. The application must be filled out in the presence of HPD.
- Once the application is complete, the Applicant (Head of Household) must sign and date the application.
- Submit application with all the required documentation to your Housing Recovery Specialist. Documentation can also be dropped off at Build it Back Centers:

## Itemized Instructions - DRAFT

1. **APPLICANT INFORMATION:** Provide your legal name the address of the Sandy-damaged property.
2. **TYPE OF UNIT:**
3. **UNIT CHARACTERISTICS:** Please describe the characteristics of your dwelling unit. The program will verify this information against your landlord's Damage Assessment.
4. **BUILDING AND UNIT AMENITIES:** Please describe any amenities provided by your landlord in your unit and building.
5. **NEIGHBORHOOD CHARACTERISTICS:** Please confirm the location of neighborhood amenities, including current work, school, religious facility, and public transportation. Please attach a printout of Google Maps directions from the storm-damaged address to this destination in the preferred travel mode.
6. **RENTAL PAYMETNS:** Confirm basic information concerning rental terms of the damaged property.
7. **APPLICANT CERTIFICATION:** Certify that all information in the application and all information provided to the program is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.
8. **ELIGIBILITY RELEASE:** It is required that you sign this form, which allows New York City to request information from Third Parties concerning your eligibility and participation in this program.

*From the top of the HUD form: This probably should go in some sort of a signed release .It also appears from the form that the applicant should be filling it out...?*

**Public reporting burden** for this collection of information is estimated to average 1.0 hour. This includes the time for collecting, reviewing, and reporting the data. This information is being collected under the authority of the Uniform relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining the most comparable and available replacement housing and its cost to be used by Agencies in computing a replacement housing payment for displaced persons. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collective this information, and you are not required to complete this form unless It displays a currently valid OMB control number.

**Privacy Act Notice:** This information is needed to determine whether you are eligible to receive a payment to help you rent or buy a new home. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.

Please identify your role

Applicant

Representative of the Applicant

### 1. TO BE COMPLETED BY APPLICANT: (Head of Household)

Last Name:

Middle Name:

First Name:

Address of storm- damaged home:

Apt. # or Floor/Unit #:

City:

State:

Zip:

### 2. TYPE OF UNIT

The program will verify this information using Department of Finance records, to the extent possible.

Total Residential Units in Building:

1  2  3  4

Other: \_\_\_\_\_

Stories (including ground floor):

1  2  3  4

Other: \_\_\_\_\_

### 3. UNIT CHARACTERISTICS

The program will verify this information using Build it Back program records, to the extent possible.

Number of Rooms in Unit:

Number of Rooms: \_\_\_\_\_ rooms (not including bedrooms)

Number of Bedrooms: \_\_\_\_\_ bedrooms

Number of Baths: \_\_\_\_\_ baths

Kitchen:  Full  Partial

<b>Area of Living Space in Unit:</b>	<input type="checkbox"/> 550 sq. ft. or less (e.g., studio apartment) <input type="checkbox"/> 550 to 800 sq. ft. (e.g., 1 bedroom apartment) <input type="checkbox"/> 800 to 1000 sq. ft. (e.g., 2 bedroom apartment) <input type="checkbox"/> 1000 to 1200 sq. ft. (e.g., 3 bedroom apartment) <input type="checkbox"/> Other: _____ sq. ft.	
<b>Basement or Cellar</b>	Area:	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Crawlspace <input type="checkbox"/> None
	Finish:	<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished
<b>Parking/No. of Cars</b>	Number of Private Parking Spaces:	_____
	Number of Cars:	_____
	<input type="checkbox"/> I use on-street parking.	
<b>Type of Heating/Fuel</b>	Heating System:	<input type="checkbox"/> Boiler/Hot Water <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____
	Fuel:	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other: _____
<b>Type of Air Conditioning</b>	<input type="checkbox"/> Central <input type="checkbox"/> Wall <input type="checkbox"/> Window <input type="checkbox"/> None	
<b>4. BUILDING AND UNIT AMENITIES</b>		
The program will verify this information using City and program records, to the extent possible.		
<b>Unit Amenities:</b>	<input type="checkbox"/> Washer/Dryer Hookup	<input type="checkbox"/> Washer/Dryer in Unit
	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Furnished
	<input type="checkbox"/> Patio/Balcony	<input type="checkbox"/> Storage Shed (_____ sq. ft.)
	<input type="checkbox"/> Internet/Phone Included	<input type="checkbox"/> Cable Included
<b>Building Amenities:</b>	<input type="checkbox"/> Yard Access	
<b>Access Amenities:</b>	<input type="checkbox"/> Elevator	<input type="checkbox"/> Wheelchair Access
	<input type="checkbox"/> Other: _____	

<b>Special Needs:</b>	Please briefly describe any special needs that you or you or other members of your household may have. This includes any condition that restricts significant life functions.  If frequent access to a hospital or healthcare facility access is needed, please include the address, distance, and preferred travel mode (car, bus, Access-A-Ride, etc.).
<b>Pets:</b>	<input type="checkbox"/> Dogs Allowed <input type="checkbox"/> Cats Allowed <input type="checkbox"/> Other: _____
<b>5. NEIGHBORHOOD CHARACTERISTICS</b>	
<b>Please attach a printout of directions</b> (e.g., Google Maps navigation) from the storm-damaged address to this destination in the preferred travel mode.	
<b>Transportation:</b>	Address: _____ Preferred Travel Mode: <input type="checkbox"/> Car <input type="checkbox"/> Subway <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walking Distance to destination: _____ miles Travel time: _____ minutes Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Work:</b>	Address: _____ Preferred Travel Mode: <input type="checkbox"/> Car <input type="checkbox"/> Subway <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walking Distance to destination: _____ miles Travel time: _____ minutes Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>High School/Grade School:</b>	Address: _____ Preferred Travel Mode: <input type="checkbox"/> Car <input type="checkbox"/> Subway <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walking Distance to destination: _____ miles Travel time: _____ minutes Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Neighborhood Shopping:</b>	Address: _____ Preferred Travel Mode: <input type="checkbox"/> Car <input type="checkbox"/> Subway <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walking Distance to destination: _____ miles Travel time: _____ minutes Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Religious Facility:</b></p>	<p>Address: _____</p> <p>Preferred Travel Mode: <input type="checkbox"/> Car <input type="checkbox"/> Subway <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walking</p> <p>Distance to destination: _____ miles</p> <p>Travel time: _____ minutes</p> <p>Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>6. RENTAL PAYMENTS</b></p>	
<p><b>Rent:</b></p>	<p>What is your current monthly rent? \$ _____/month</p> <p>When does your lease expire? ____/____/____ (mo/day/year)</p> <p><b>Please attach proof of current rent, e.g., a copy of your current lease or a notarized letter from landlord indicating name and monthly rent payment.</b></p> <p>Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Do you currently receive housing assistance or live in subsidized housing?</b></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes:</p> <p>Please indicate type of housing assistance:</p> <p><input type="checkbox"/> Section 8 Rental Assistance <input type="checkbox"/> Other: _____</p> <p><b>Please attach proof of assistance.</b></p> <p>Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>7. FEES AND UTILITIES</b></p>	
<p><b>Utilities:</b></p>	<p>What is your current monthly utilities payment? \$ _____/month</p> <p><b>Please attach proof of monthly utility payment amount, e.g., the past 12 months of utility bills or a statement from your level payment rate plan.</b></p> <p>Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Fees:</b></p>	<p>Condo Fees: \$ _____/month</p> <p>Coop Fees: \$ _____/month</p> <p>Other Fees: \$ _____/month</p> <p><b>Please attach proof of fee payment, e.g., a fee receipt or a notarized letter from landlord indicating annual or monthly fees.</b></p> <p>Attachment Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**8. APPLICANT CERTIFICATION:**

Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the state or any of its duly authorized representatives d herein.

- I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for the disaster. I/We hereby certify that all the information provided herein is true and correct.
- I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.
- I/We authorize New York City and any of its duly authorized representatives to verify all information provided in this application.
- I/We understand that additional information will likely be required to move forward with this program

**Signature of Applicant:**

**Date:**

***WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.***

# **Appendix W:** **Comparable** **Dwelling Worksheet**

**Selection of Most Representative  
Comparable Replacement Dwelling  
for Computing a Replacement Housing Payment**

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning  
and Development

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OMB Approval No. 2506-0016  
(exp.04/30/2018)

1. Agency	2. Project	3. Household	4. Select One <input type="checkbox"/> Owner <input type="checkbox"/> Tenant	5. Case Number
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**Public reporting burden** for this collection of information is estimated to average 1.0 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining the most comparable and available replacement housing and its cost to be used by Agencies in computing a replacement housing payment for displaced persons. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Privacy Act Notice:** This information is needed to determine whether you are eligible to receive a payment to help you rent or buy a new home. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.

Factors (see back of page)	Displacement Dwelling	Comparable No.1	Comparable No.2	Comparable No.3
Address				
Type of Unit				
Stories / Style				
Lot Size				
Type of Construction				
Age (in years)				
Condition				
Area of Living Space (sq. ft.)				
No.Rooms/Bedrooms /Baths	/ /	/ /	/ /	/ /
Basement				
Parking/No. of Cars				
Type of Heating /Fuel	/	/	/	/
Type of Air Conditioning				
Neighborhood				
Transportation (distance)				
Current Work (distance)				
High School/Grade School (distance)	/	/	/	/
Neighborhood Shopping (distance)				
Religious Facility (distance)				
Sale Price or Rent/Utility Costs	\$	\$	\$	\$
Other				
Date of Inspection				
Date Available				
Most Representative Comparable Replacement Dwelling (Check "Comparable no.1, 2, or 3" and complete Comments)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** Include appropriate analysis and correlation of data. If Agency makes adjustment to the asking price for a comparable replacement dwelling to reflect the anticipated sale price, indicate the basis for the adjustment. For rental units, indicate utilities included in rent and provide estimates for other utility costs. Indicate availability of any housing subsidy. If condominium or cooperative, indicate required fees. (Continue on back of page)

Comments continued on back of page  Yes  No

Prepared By	Date (mm/dd/yyyy)	Approved by	Date (mm/dd/yyyy)
-------------	-------------------	-------------	-------------------

Comments Continued:

Comments continued on a separate page  Yes  No

<b>Factors</b>	<b>Examples</b>
Type of Unit	Detached, Row, End Row, Townhouse, Highrise Apartment, Mobile Home (Indicate whether this is subsidized housing)
Stories	1, 1 1/2, 2, 2 1/2, Split Level, Split Foyer
Style	Colonial, Cape, Ranch, Contemporary, Tudor, Mediterranean
Type of Construction	Frame, Masonry, Pre-Fab, Stone, Concrete Block, Concrete, Veneer (wood, brick, or aluminum siding)
Condition	Poor, Fair, Good, Very Good, Excellent
Basement	Full, Partial (1/2), None; Finished or Unfinished
Parking	Attached, Built-In, Detached, Carport Paved Open Area, Unpaved Open Area, None
Type of Heating	Forced Air, Hot Water, Electric, Heat Pump, Steam, Space Heater, Solar, None
Type of Fuel	Natural Gas, Propane Gas, Oil, Electric, Coal, Solar
Type of Air Conditioning	Central, Wall, Window, None
Neighborhood	Poor, Fair, Good, Very Good, Excellent. (Based on characteristics such as vacancy levels, quality and maintenance of dwellings, landscaping, Street Maintenance, Trash Pickup, and Nonconforming land uses)
Other	Swimming Pool, Fireplace, Patio, Porch, Greenhouse

**Appendix X:**  
**Claim for Moving**  
**and Related**  
**Expenses**

# Residential Claim for Moving and Related Expenses

(49 CFR 24.301 and 24.302)

See page 2 for Public Reporting Burden and Privacy Act Statements before completing this form

**U.S. Department of Housing and Urban Development**  
Office of Community Planning and Development

OMB Approval No. 2506-0016  
Appendix Page 102  
(exp. 4/30/2018)

<b>For Agency Use Only</b> Name of Agency	Project Name or Number	Case Number
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**Instructions:** This claim form is for the use of families and individuals applying for payment of residential moving and related expenses under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). You may be eligible to apply for either (1) a fixed payment (see 24.302), or (2) payment for actual reasonable moving costs and related expenses (see 24.301), or (3) in some cases, a payment based on a combination of moving options (contact Agency). All claims for actual expenses must be supported by receipts or other acceptable evidence. The Agency will explain the differences between the types of moving options and will help you complete this form. HUD provides information on these requirements and other guidance materials on its website at [www.hud.gov/relocation](http://www.hud.gov/relocation). If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal. All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).

1. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1a. Telephone Number(s)
---	-------------------------

2. Have All Members of the Household Moved to the Same Dwelling?  Yes  No  
(If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)

Dwelling	Address (include Apartment No.)	Number of Rooms of Furniture? *	Date Occupied	Date Vacated
3. Unit That You Moved From				
4. Unit That You Moved To		* Excluding bathrooms, hallways and closets.		

5. Is This a Final Claim?  Yes  No

**6. Certification of Legal Residency in the United States** (Please read instructions below before completing this section.)

**Instructions:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

Please address only the category (Individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons.

**RESIDENTIAL HOUSEHOLDS**

<p>(1) Individual. I certify that I am: (check one) _____ a citizen or national of the United States _____ an alien lawfully present in the United States.</p>	<p>(2) Family. I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.</p>
--	---

**7. Computation of Payment** (See 49 CFR 24.301 and 24.302)

**Instructions:** You may be eligible to apply for either (1) a fixed payment (see 24.302), or (2) payment for actual and reasonable moving costs and related expenses (see 24.301), or (3) in some cases, a payment based on a combination of moving options (see 24.301(b)). The computation table in this section provides you with the ability to compute your payment based on one or a combination of moving options depending on your eligibility and your needs and desires.

A fixed payment is used to compute a payment based on the numbers of rooms of furniture within the displacement dwelling. The Residential Fixed Moving Cost Schedule available at [www.hud.gov/relocation](http://www.hud.gov/relocation), will provide the payment amount for the state in which the displacement occurred. (Note: for persons occupying a dormitory style room or where the move is performed by the Agency at no cost to the displaced person, the payment amount is limited to the amount specified for such moves on the Fixed Moving Cost Schedule.) If you choose to claim a fixed payment, fill in the applicable schedule amount in column 7c Line (3). In some cases, persons who plans to claim only a fixed payment may also be eligible for additional moving options to move personal property located outside the dwelling and not considered in the Fixed Moving Cost Schedule (jungle gym, hot tub, etc.) or for personal property requiring specialized moving assistance within the dwelling (piano, pool table, medical equipment, etc.). In these situations you may also be eligible for a payment based on actual costs for a commercial move and/or self move for these items. Contact the Agency for further assistance. If the Agency determines you are eligible for other moving options in addition to the fixed payment, fill in all applicable claim information requested for the type(s) of moving option specified in the table.

	7a. Commercial Move (Actual Costs) (Based on lower of 2 bids)		7b. Self Move (Actual Costs) (Not to exceed cost of commercial move)		7c. Self Move (Fixed Schedule) (See 49 CFR 24.302)	
	Claimant	Agency Use	Claimant	Agency Use	Claimant	Agency Use
(1) Moving Cost Expenses (49 CFR 24.301(g)(1-7); see page 2) (Do not include storage costs listed separately below). [For Mobile Home Owner Occupants also include 24.301(g)(8-10), if applicable.]						
(2) Storage Cost (Requires prior agency approval) (Not to exceed 12 months)						
(3) Fixed Moving Cost Schedule Amount (Based on number of rooms of furniture in Item 3). For amount see Moving Cost Schedule available at <a href="http://www.hud.gov/relocation">www.hud.gov/relocation</a> .						
(4) Other (Explain in Remarks Section)						
(5) Total Amount of Claim.						
(6) Amount Previously Received, if any.						
(7) Amount Requested (Subtract line (6) from line (5))						
(8) Total Amount Requested - <b>Combination Moves Only</b> (add applicable columns 7(a)(7), 7(b)(7) and 7(c)(7))						

Previous versions obsolete.

8. **Certification By Claimant(s):** I certify that this claim and supporting information are true and complete and that I have not received any other source. I ask that the amount on line (7) of Item 7 or line (8) of Item 7 for combination moves be paid to  me  the contractor(s) (as specified in the Remarks Section).

Signature(s) of Claimant(s) & Date:

X

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**To Be Completed by the Agency**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
9. Recommended	\$			
10. Approved	\$			

**Remarks** (Attach additional sheets, if necessary)

Additional sheets attached?  Yes  No

**Eligible Actual Residential Moving Expenses (49 CFR 24.301(g)(1-10))**

- (1) Transportation of the displaced person and personal property. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified.
- (2) Packing, crating, unpacking, and uncrating of the personal property.
- (3) Disconnecting, dismantling, removing, reassembling, and reinstalling relocated household appliances and other personal property. For businesses, farms or nonprofit organizations this includes machinery, equipment, substitute personal property, and connections to utilities available within the building; it also includes modifications to the personal property, including those mandated by Federal, State or local law, code or ordinance, necessary to adapt it to the replacement structure, the replacement site, or the utilities at the replacement site, and modifications necessary to adapt the utilities at the replacement site to the personal property.
- (4) Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
- (5) Insurance for the replacement value of the property in connection with the move and necessary storage.
- (6) The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft, or damage is not reasonably available.
- (7) Other moving-related expenses that are not listed as ineligible under § 24.301(h), as the Agency determines to be reasonable and necessary.
- (8) The reasonable cost of disassembling, moving, and reassembling any appurtenances attached to a mobile home, such as porches, decks, skirting, and awnings, which were not acquired, anchoring of the unit, and utility "hookup" charges.
- (9) The reasonable cost of repairs and/or modifications so that a mobile home can be moved and/or made decent, safe, and sanitary.
- (10) The cost of a nonrefundable mobile home park entrance fee, to the extent it does not exceed the fee at a comparable mobile home park, if the person is displaced from a mobile home park or the Agency determines that payment of the fee is necessary to effect relocation.

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**Public reporting burden** for this collection of information is estimated to average 30 minutes per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a payment for moving and related expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Privacy Act Notice:** This information is being used by an agency administering program services on behalf of HUD for certain HUD programs to determine whether you are eligible to receive a payment for moving and related expenses and the amount of any payment. Periodically, HUD reviews a random sample of the agency files to ensure compliance with statutory and regulatory requirements. The information requested is voluntary, you are not required by law to provide this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 34,408. This information may be shared with Federal agencies and other agencies approved by HUD to administer or assist with services for Uniform Relocation Assistance and Real Property Acquisition Policies Act obligations.

**Appendix Y:**  
**Claim for Rental or**  
**Down Payment**  
**Assistance**

# Claim for Rental Assistance or Down Payment Assistance (49 CFR 24.402 and 24.401(f))

See page 3 for Public Reporting Burden and Privacy Act Statements before completing this form

**U.S. Department of Housing and Urban Development**  
Office of Community Planning and Development

Appendix Page 106  
OMB No. 2506-0016  
(exp. 04/30/2018)

(Form has been revised. See last page.)

<b>For Agency Use Only</b> Name of Agency	Project Name or Number	Case Number
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**Instructions:** This claim form is for the use of families and individuals applying for rental or down payment assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) and may also be used by a 90-day homeowner-occupant who chooses to rent rather than buy a replacement home. The Agency will help you complete the form. HUD also provides information on these requirements and other guidance materials on its website at [www.hud.gov/relocation](http://www.hud.gov/relocation). If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal.

**Displaced persons must rent/purchase and occupy a decent, safe and sanitary replacement dwelling within one year from the date of displacement for replacement housing payment eligibility (see 24.402(a)(2)). All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).**

1a. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1b. Telephone Number(s)
--	-------------------------

2a. Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", list the names of all members and the addresses to which they moved in the Remarks Section.)	2b. Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Dwelling	Address	When Did You Rent/Buy This Unit?	When Did You Move To This Unit?	When Did You Move Out of This Unit?
3. Unit That You Moved From				
4. Unit That You Moved To				

**5. Certification of Legal Residency in the United States** (Please read instructions below before completing this section.)

**Instructions:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

Please address only the category (Individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons.

**RESIDENTIAL HOUSEHOLDS**

- |  |   |
|--|---|
| <p>(1) Individual.<br/>I certify that I am: (check one)<br/> <input type="checkbox"/> a citizen or national of the United States<br/> <input type="checkbox"/> an alien lawfully present in the United States.</p> | <p>(2) Family.<br/>I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.</p> |
|--|---|

6. Determination of Person's Financial Means (Not applicable to 90-day homeowner-occupants who choose to rent. Enter NA in Item 6(6).)	Household Income	
	Claimant (a)	For Agency Use Only (b)
(1) Total number of persons in the household (See item 5(1) or (2))		
(2) Annual Gross Household Income. (49 CFR 24.2(a)(14)). Enter name of each household member with income (include the income of persons not lawfully present in the U.S.)	\$	\$
(3) Total Gross Annual Income (Sum of entries in item 6(2))	\$	\$
(4) URA low income limit for number of persons in item 6(1). If item 6(3) is greater than item 6(4) - Family is not low-income. See 49 CFR 24.402 (b)(2)(ii)		\$
(5) Gross Monthly Income (Divide item 6(3) by 12)	\$	\$
(6) 30% of item 6(5) or "NA". (If gross annual income item 6(3) is greater than URA low income limit in item 6(4), enter "NA".)	\$	\$

**7. Determination of Rent and Average Monthly Utility Costs (See 49 CFR 24.402(b))**

**Instructions:** To compute the payment, entries on line (8) must reflect all utility services. Therefore, identify on lines (2) through (5) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is not covered by the monthly rent, indicate the estimated out-of-pocket monthly cost. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). Determine the estimated average monthly cost of a utility service by dividing the reasonable estimated yearly cost by 12. If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on line (7).

Monthly Cost	Unit That You Moved From (For Homeowner-Occupant, rent will be determined by the agency.)		Unit That You Moved To (Do not complete if claim is for down payment assistance.)		Comparable Replacement Dwelling
	(a) Claimant	(b) For Agency Use Only	(c) Claimant	(d) For Agency Use Only	
(1) Rent (The monthly rental amount due under the terms and conditions of occupancy. If utilities are not included in rent, list in item 7(2) to (5))	\$	\$	\$	\$	\$
(2)					
(3)					
(4)					
(5)					
(6) Gross Monthly Rent and Utility Costs (add item 7(1) through (5))	\$	\$	\$	\$	\$
(7) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$
(8) Net Monthly Rent and Utility Costs (subtract item 7(7) from item 7(6)) (Enter these amounts on the appropriate lines in Item 8.)	\$	\$	\$	\$	\$

8. Computation of Payment: If you are filing for down payment assistance, check this box <input type="checkbox"/> and skip item 8(1).	To Be Completed By Claimant (a)	For Agency Use Only (b)
(1) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (From item 7(8), Column (c))	\$	\$
(2) Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (From item 7(8), Column (e)) (To be provided by the Agency)		
(3) Lesser of item 8(1) or (2) (If claim is for down payment assistance, enter amount from item 8(2))		
(4) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved From (From item 7(8), Column (a)) (For Homeowner-Occupants who choose to rent, to be determined by the agency.)		
(5) 30% of Average Gross Monthly Household Income (From item 6(6), Column (a)). If item 6(6) is "NA", enter "NA" here.		
(6) Lesser of item 8(4) or 8(5)		
(7) Monthly Need (Subtract item 8(6) from item 8(3))		
(8) Amount of Payment Claim (Amount on item 8(7) multiplied by 42) (For a Homeowner-Occupant who elects to rent, this amount cannot exceed the difference between the acquisition cost of the displacement dwelling and the cost of a comparable replacement dwelling. See form HUD-40057, item 5(5).)	\$	\$
(9) Amount Previously Received (if any)		
(10) Amount Requested (Subtract item 8(9) from 8(8))	\$	\$

9. **Certification By Claimant(s):** I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) & Date

X

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)



**Appendix Z:**  
**Certification of Zero**  
**Income - Very Low**  
**Income**



**Build It Back Uniform Relocation Act Program**

**Certification of Zero Income/ Very Low Income**

**Instructions: This form is used to certify household income when a household cannot provide income documentation, such as electronic pay stubs or a letter from employer.**

**If you are a member of the household over the age of 18, please complete and return a copy of Part 4: Itemized Wages from Employment and Part 5: Tenant Self-Certification.**

**Part 1: Household and Tenant Information**

Tenant Application ID: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Head of household: \_\_\_\_\_

Number of Household Members: \_\_\_\_\_ Number of Household Members over age 18: \_\_\_\_\_

**Part 2: Household Income**

<b>Income Source</b>	<b>Dollar Amount (per month)</b>
Wages from employment (including tips and commissions)	\$
Public Assistance Payments	\$
Food Stamps	\$
Unemployment benefits	\$
Social Security and SSI payments	\$
State disability payments	\$
Retirement, insurance policy payments, annuities	\$
Pension (VA, City, State, Federal, Union, Employer)	\$
Periodic payments (Alimony, Child Support, assistance from family and/or friends, payments from charitable organizations)	\$
Worker's compensation	\$
Income from personal business or from self-employment	\$

Please explain any changes in income during the past six (6) months: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Build It Back Uniform Relocation Act Program**

**Certification of Zero Income/ Very Low Income**

**Part 3: Household Expenses**

Expense Type	Dollar Amount (per month)
Rent (tenant portion)	\$
Utilities (Heat, Electricity)	\$
Food	\$
Clothing (costs of buying and cleaning)	\$
Transportation (includes any car payments and insurance payments)	\$
Entertainment (Cable or satellite TV, movies, sports, etc)	\$
Phone/Internet (cell phone, land line, beeper, internet connection)	\$
Medical and Dental	\$
Other. Please list:	\$

If you have not been paying your rent, please explain why:

---



---



---



---

Total amount of rent you owe: \$ for how many months:

---



---



**NYC Housing Recovery**  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

**Build It Back Uniform Relocation Act Program**

**Certification of Zero Income/ Very Low Income**

**Part 4: Itemized Wages from Employment**

*Each member of the household over the age of 18 should complete and return a copy of this section.*

Full Name of Tenant over Age 18: \_\_\_\_\_

Are you a full-time student? Circle Yes or No

Please describe your work and wages from employment per week in the past 6 weeks.

Dates	Employer	Work Description	Wages Earned (per job)
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			



**NYC Housing Recovery**  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

**Build It Back Uniform Relocation Act Program**

**Certification of Zero Income/ Very Low Income**

**Part 5: Tenant Self-Certification**

I, \_\_\_\_\_, certify that I am unable to obtain a letter from my employer to verify income. I certify that the information I provided above is true and accurate to my knowledge. I also understand that providing false information to a government agency is punishable under federal law and may result in a denial of assistance from the Build It Back Uniform Relocation Act Program.

<b>Signatures:</b>		
<i>Head of Household</i>	<i>Print Name</i>	<i>Date</i>
<i>Other Household Members Over Age 18</i>	<i>Print Name</i>	<i>Date</i>

State of New York     )  
   ) ss.:  
 County of . . . . . )

On the . . . . . day of . . . . . in the year . . . . . before me, the undersigned, personally appeared . . . . . , personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
 Notary Public

**Appendix AA:**  
**HUD**  
**Inspection**  
**Form**

# Inspection Checklist

Housing Choice Voucher Program

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(Exp. 04-□□□□8)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family	Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector	Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>	Date of Last Inspection (mm/dd/yyyy)	PHA

<b>A. General Information</b>		<b>Housing Type</b> (check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise; 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
<b>Inspected Unit</b>	<b>Year Constructed (yyyy)</b>	
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
Address of Owner or Agent		

<b>B. Summary Decision On Unit</b> (To be completed after form has been filled out)			
<input type="checkbox"/>	Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms
<input type="checkbox"/>	Fail		
<input type="checkbox"/>	Inconclusive		

Inspection Checklist						Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	Comment	
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

\* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;  
 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pas	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
<b>2. Kitchen</b>						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
<b>3. Bathroom</b>						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					

Item No. 4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1 Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors					
4.1 Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors					
4.1 Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear ____ Floor Level	
4.2 Electricity/Illumination					
4.3 Electrical Hazards					
4.4 Security					
4.5 Window Condition					
4.6 Ceiling Condition					
4.7 Wall Condition					
4.8 Floor Condition					
4.9 Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)	
4.1	Room Code * and Room Location	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	_____ Floor Level	
4.2	Electricity/Illumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.4	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	Lead-Based Paint				Not Applicable		
	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.10	Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.1	Room Code* and Room Location	(Circle One) Right/Center/Left			(Circle One) Front/Center/Rear	_____ Floor Level	
4.2	Electricity/Illumination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.4	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.5	Window Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.6	Ceiling Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.7	Wall Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.8	Floor Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.9	Lead-Based Paint				Not Applicable		
	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4.10	Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>5. All Secondary Rooms (Rooms not used for living)</b>							
5.1	None Go to Part 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.2	Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.3	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5.4	Other Potentially Hazardous Features in these Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Home: Tie Downs					
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
<b>8. General Health and Safety</b>						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

**C. Special Amenities (Optional)**

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

**D. Questions to ask the Tenant (Optional)****1. Living Room**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**2. Kitchen**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

**3. Other Rooms Used for Living**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**4. Bath**

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

**5. Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability

1. Does the owner make repairs when asked? Yes  No
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ \_\_\_\_\_
4. Do you pay for anything else? (specify) \_\_\_\_\_
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range \_\_\_\_\_ Refrigerator \_\_\_\_\_ Microwave
6. Is there anything else you want to tell us? (specify) Yes  No

**E. Inspection Summary/Comments** (Optional)

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy) Address of Inspected Unit
------------------	-----------	---

Type of Inspection	Initial	Special	Reinspection
--------------------	---------	---------	--------------

Item Number Reason for "Fail" or "Pass with Comments" Rating

Continued on additional page Yes  No

**Appendix AB:**  
**URA**  
**Transportation**  
**Expense Claim Form**



## URA Transportation Expense Claim Form

**This Form will be provided to tenant occupants who are permanently displaced due to federally funded acquisition, buyout, or construction activities and are participating in the Build It Back Uniform Relocation Act (URA) Tenant Program.**

Under the Uniform Relocation Act (URA), the Program is required to provide payment for transportation expenses corresponding to the inspection of the three (3) potential comparable dwellings identified by the Build it Back program and made available to the tenant occupant in the Notice of Eligibility. Transportation benefits are to be disbursed by the City's tenant counseling partner, the Center for New York City Neighborhoods (CNYCN) at the time of tenant occupant placement services and are not considered to be part of the Moving and Related Expenses Claim.

### What type of assistance is available?

Tenant occupants have the option to either collect reimbursement for transportation expenses or receive a fixed payment corresponding to three (3) round-trip NYC Metropolitan Transportation Authority (MTA) rides. This fixed payment is based on a single NYC MTA fare of \$2.75 and multiplied by six (6) trips totaling \$16.50. In cases where a tenant occupant submits receipts for reimbursement, the Build it Back program will review documentation and perform an analysis to determine cost reasonableness based on real transportation costs and distance traveled.

### Instructions to Applicant

This form should be signed and submitted by the tenant occupant head of household. Tenant occupants who choose to collect reimbursement for incurred transportation costs must attach all relevant documentation to this form.

Tenant occupants who choose to collect a fixed transportation amount are may receive a pre-determined claim amount of up to **\$16.50**, the costs of three round trip NYC MTA fares.

**Please note:** only one form per tenant household.



**1. Name** \_\_\_\_\_  
First Last

**2. Telephone Number(s)** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell

**3. Build it Back Tenant APP-ID** \_\_\_\_\_

**4. Current Mailing Address**

\_\_\_\_\_  
Street Address Apt/Suite

\_\_\_\_\_  
City State ZIP

**TOTAL CLAIM AMOUNT:** \_\_\_\_\_

\_\_\_\_\_  
Tenant Occupant (Print Name) Signature Date

\_\_\_\_\_  
Build It Back Representative (Print Name) Signature Date

**Appendix AC:**  
**BIB Emergency**  
**Move Out Request Form**

nyc.gov/hpd

VICKI BEEN  
Commissioner  
DON SHACKNAI  
First Deputy Commissioner  
EVA TRIMBLE  
Deputy Commissioner  
LAURIE LoPRIMO  
Assistant Commissioner

Office of Financial Management  
and Tenant Resources  
Division of Tenant Resources  
100 Gold Street  
New York, N.Y. 10038

## EMERGENCY MOVE REQUEST

Instructions: This form should only be completed by families who need to move due to an emergency situation. Please complete this form in full and attach all supporting documentation.

**Head of Household Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Subsidy Program:**     HCV         PBV         HOME TBRA     TDAP

**Reason for request:** (Please check one)

- Domestic violence and/or child abuse     Intimidated victim or witness     Court stipulation/order waiving rent     90 days in Housing Quality Standards (HQS) failure status or Emergency HQS failure
- Stoppage of utilities due to hazardous conditions     Overcrowded conditions verified by HPD
- Build It Back (BiB) Construction Relocation     Foreclosure     Rent Burden

**Instructions:** For each reason selected, please check all of the appropriate documentation that you are submitting. Please submit as much documentation as you can to support your request. All documents submitted must be current [within four (4) months].

**Domestic Violence and/or Child Abuse**

- Order of Protection (Criminal or Family Court)     Police Report for Domestic/Criminal Incident
- Hospital Inpatient letter documenting assault     Completed HUD Form 50066
- Advocacy letter from social service provider, ACS, medical professional, NY District Attorney, or US Attorney

**Intimidated Victim and/or Intimidated Witness**

- Order of Protection (Criminal Court)     Police Report (complaint 61) of threat or violence
- Advocacy letter from social service provider, NY District Attorney, or US Attorney

**Foreclosure**

- A copy of the foreclosure stipulation with the order to vacate the unit

**Stoppage of Utilities Due to Hazardous Conditions**

- Copy of notice from the utility company stating reasons that utilities were terminated

**Court Stipulation/Order Waiving Rent Arrears**

- Copy of court stipulation waiving rent arrears

**HQS Failure, Rent Burden, or BiB Construction Relocation**

*No documents necessary*

**Please provide a brief summary to support your request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information and supporting documentation is true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my emergency move request and jeopardize my housing subsidy.

\_\_\_\_\_

Tenant Signature

\_\_\_\_\_

Date

**For HPD Use Only**

Date Reviewed: \_\_\_\_\_

Approved:  Yes     No

Notes \_\_\_\_\_

\_\_\_\_\_

Director/Coordinator Signature

\_\_\_\_\_

Date

OFFICE OF DEVELOPMENT  
PROGRAM REQUEST TO BUDGET & FISCAL UNIT FORM

TO: Fiscal DATE: \_\_\_\_\_  
FROM: \_\_\_\_\_ PROGRAM: Build It Back Acquisition, Relocation and Buyout Program (URA)

- Initial Encumbrance
- Increase Encumbrance
- Decrease Encumbrance
- Voucher Request
- Request for FMS ID#

1) TENANT INFORMATION

TENANT NAME: \_\_\_\_\_  
 TENANT APP-ID: \_\_\_\_\_  
 SANDY-DAMAGED ADDRESS: \_\_\_\_\_  
 REPLACEMENT ADDRESS: \_\_\_\_\_  
 FMS ID#: \_\_\_\_\_

2) BUDGET CODE: A114 OBJECT CODE: 600

3) ENCUMBRANCE AND VOUCHER INFORMATION:

**CDBG-DR ENCUMBRANCE AMOUNT** \_\_\_\_\_  
**CDBG-DR VOUCHER AMOUNT** \$ \_\_\_\_\_

4) TYPE OF ASSISTANCE PROVIDED

- Down Payment Purchase Assistance
- Rental Assistance

5) FORMS PROVIDED FOR REQUEST FOR FMS ID#:

- Substitute W-9 Form
- Proof of Identification

6) FORMS PROVIDED FOR INITIAL ENCUMBRANCE:

- Copy of 49 CFR Part 24 (These payments are encumbered under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24.) (On file)
- Copy of section of CNYCN Contract authorizing Advance Payments (On file)
- Maximum Benefit Amount for URA assistance Form \$ \_\_\_\_\_

7) FORMS PROVIDED FOR VOUCHER REQUEST:

- Rental or Down Payment Assistance Form, certified by Tenant (*Form HUD-40058*)
- Copy of URA Income Limits
- Contract of Sale (for request of down payment purchase assistance)
- Comparable Dwelling Form, certified by HPD (*Form HUD-40061*)
  - Utilities Bills, Displacement Dwelling Unit
  - Real Estate Listing, Comparable Dwelling No. 1
  - Real Estate Listing, Comparable Dwelling No. 2
  - Real Estate Listing, Comparable Dwelling No. 3
- DSS Inspection Report
- Copy of Lease, certified by Tenant
  - If CNYCN made Advance Payment, attach CNYCN Proof of Payment
- Moving and Related Expenses Form, certified by Tenant (*Form HUD-40054*)
  - Proof of Payment (e.g., receipt, cancelled check)
- Tax Returns (Example: *Tax Form 1040 EZ*)
  - In lieu of tax form, 6 consecutive weeks of pay stubs and/or proof of other income
- Other (specify): \_\_\_\_\_

8) VOUCHER AMOUNT

<i>Line Item Description</i>	<i>Amount Requested</i>
<input type="checkbox"/> Down Payment Purchase Assistance (See <i>Form HUD-40058</i> , <i>Form HUD-40061</i> and Contract of Sale)	\$ _____
<input type="checkbox"/> Partial Payment of Rental Assistance (See <i>Form HUD-40058</i> and <i>Form HUD-40061</i> )	\$ _____
<input type="checkbox"/> Moving Expenses (See <i>Form HUD-40054</i> )	\$ _____

9) SPECIAL INSTRUCTIONS/NOTES:

**HH – GIVE CHECK TO PROGRAM**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Kelsey Lang, Project Manager, Build it Back Acquisition, Relocation, and Buyout Program

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lauren Wang, Director, Build it Back Acquisition, Relocation, and Buyout Program

**Appendix AD:**  
**Broker Fee Cost**  
**Reasonableness**  
**Assessment Form**



**NYC  
BUILD IT  
BACK**

**Stronger & Safer**

**NYC**  
Bill de Blasio  
Mayor

**Housing  
Recovery**

Amy Peterson  
Director of Housing Recovery Operations

212-615-8329

housing@recovery.nyc.gov

nyc.gov/builditback

Broker Fee Cost Reasonableness Assessment			REPORT DATE
			8/10/2017
APPLICATION ID	TENANT NAME		
DISPLACED PROPERTY ADDRESS			
REPLACEMENT PROPERTY ADDRESS			
MONTHLY RENT	ANNUAL RENT		BROKER FEE
	0		
BROKER FEE IS LESS THAN 15% OF ANNUAL RENT?	NO	BROKER FEE IS COST REASONABLE?*	NO
NOTES			

The payment of a broker fee is a common practice in the rental real estate market in New York City, with a market standard of 8-15% of the annual rent.

\* HPD will assess cost reasonableness on a case-by-case basis.

**Appendix AE:**  
**PVR Notification**  
**(Move Out Not**  
**Required)**



## IMPORTANT NOTICE REGARDING YOUR MOVE OUT DATE

[TENANT NAME]

[MAILING STREET ADDRESS]

[MAILING CITY] [MAILING STATE], [MAILING ZIP CODE]

Application ID: [APPLICATION ID]

[DATE]

Dear [APPLICANT NAME]:

The owner of the property you currently reside at submitted an application to the City of New York for financial assistance to rehabilitate, reconstruct, or elevate the unit you occupy at [DAMAGED PROPERTY ADDRESS]. As a result, you may have received a move out date in regards to the temporary relocation of your household.

The Program has recently determined that temporary relocation due to construction activities on the property you currently reside at is no longer necessary. As a result, you are no longer required to move out at this time and therefore you may no longer be considered eligible for benefits under the Uniform Relocation Act.

***If you have already moved out of your unit, please contact the Build it Back Counseling Hotline at 646-237-5925 as soon as possible.***

Please be aware that if move out related to minor repairs or lead mitigation activity is required, the Program will inform you with at least thirty (30) days' notice.

If you have any questions or would like more information about his notice, please contact us by email at [URAINBOX@recovery.nyc.gov](mailto:URAINBOX@recovery.nyc.gov) or by calling the Build it Back Counseling Hotline at 646-237-5925.

Sincerely,

Build it Back



If you have questions, please contact Build it Back Customer Service at (212) 615-8329 or by email at [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

যদি আপনার কোনো প্রশ্ন থাকে তাহলে, অনুগ্রহ করে Build it Back গ্রাহক পরিষেবায় (212) 615-8329 নম্বরে ফোন করে অথবা [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) এ ইমেল করে যোগাযোগ করুন।

若有任何疑问，请联系 Build it Back = ☎(212) 615-8329 ☎  
1 ✉ [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si vous avez des questions, veuillez contacter le Service à la clientèle de Build it Back par téléphone au (212) 615-8329 ou par courriel à [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si ou gen kesyon, tanpri kontakte Sèvis Kliyantèl Build it Back nan nimewo (212) 615-8329 oswa nan imèl nan [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

문의사항이 있는 경우 Build it Back 고객 서비스부에 (212) 615-8329번으로 전화하거나 [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)로 이메일을 보내시기 바랍니다.

Если у вас есть вопросы, пожалуйста, обратитесь в клиентскую службу Build it Back по телефону (212) 615-8329 или отправьте сообщение на эл. почту [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

Si tiene alguna pregunta, contacte a Servicios al Consumidor de Build it Back al (212) 615-8329 o por correo electrónico a [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

**Appendix AF:**  
**Temporary Relocation**  
**Expenses Letter and**  
**Form**



[TENANT]  
[MAILING ADDRESS]  
[DATE]

Dear [TENANT],

As part of your landlord's participation in the Build it Back program, you were asked to temporarily relocate while construction activities were performed on your rental unit. Build it Back is conducting outreach to tenants who were temporarily relocated by their landlords. The purpose of this outreach is to ensure that, under the Uniform Relocation Act (URA), all eligible costs associated with your relocation were paid for by your landlord.

If you signed a Landlord-Tenant Agreement and were required to temporarily move from your unit due to Build it Back construction activities, your landlord was required to pay for the following expenses related to your temporary relocation:

1. Reasonable moving fees.
2. Disconnection/connection charges for necessary utilities (water, sewer, gas, electricity).
3. Disconnection/connection charges for telephone, cable service, or internet access, if any, at your original unit.
4. Storage expenses related to your temporary relocation period, including, move to your temporary dwelling, and return to your original unit.
5. Differences between the cost of your temporary relocation dwelling and the rent set forth in the lease for your original unit.

If you spent any of your own money on the above listed expenses, please complete and submit the attached Temporary Relocation Expenses Worksheet for Program review. **Please note that in order for the Program to review these expenses, you must submit relevant receipts or proof of payment within forty-five (45) days.**

If you do not respond to this outreach, the Program will assume that your landlord fulfilled their obligations under the Landlord Tenant Agreement and covered all costs related to your temporary relocation.

If you have any questions about this notice, or the attached worksheet, please contact the Build it Back Counseling Hotline at 646-237-5925 or email us at [URAINbox@recovery.nyc.gov](mailto:URAINbox@recovery.nyc.gov).

Sincerely,

NYC Build it Back



**NYC Build it Back**  
 NYC Housing Recovery Operations  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

যদি আপনার কোনো প্রশ্ন থাকে তাহলে, অনুগ্রহ করে Build it Back গ্রাহক পরিষেবায় (212) 615-8329 নম্বরে ফোন করে অথবা [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov) এ ইমেল করে যোগাযোগ করুন।

若有任何疑问，请联系 Build it Back 客服，电话：(212) 615-8329，邮箱：[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si vous avez des questions, veuillez contacter le Service à la clientèle de Build it Back par téléphone au (212) 615-8329 ou par courriel à [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

Si ou gen kesyon, tanpri kontakte Sèvis Kliyantèl Build it Back nan nimewo (212) 615-8329 oswa nan imèl nan [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)

문의사항이 있는 경우 Build it Back Q2P/x3 . 7(212) 615-8329-...8p) 98G F /![housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)) 8<sup>2+</sup> 8 8x (!L4 dH (~# \$

Если у вас есть вопросы, пожалуйста, обратитесь в клиентскую службу Build it Back по телефону (212) 615-8329 или отправьте сообщение на эл. почту [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).

Si tiene alguna pregunta, contacte a Servicios al Consumidor de Build it Back al (212) 615-8329 o por correo electrónico a [housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov).



**NYC Build it Back**  
 NYC Housing Recovery Operations  
 212-615-8329  
[housing@recovery.nyc.gov](mailto:housing@recovery.nyc.gov)  
[nyc.gov/builditback](http://nyc.gov/builditback)

## TEMPORARY RELOCATION EXPENSES WORKSHEET

If you incurred any costs associated with the below list, please mark “yes” in the appropriate box and indicate the amount paid. **Please note that in order for the Program to review these expenses, you must submit this form with relevant receipts or proof of payment within forty-five (45) days.**

Completed forms may be submitted via mail to **NYC Build it Back 14 Murray Street #150 New York, NY 10007**, faxed to 1-855-212-1912, emailed to [URAINBOX@recovery.nyc.gov](mailto:URAINBOX@recovery.nyc.gov), or in person at a Build it Back Center.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Tenant Name**

\_\_\_\_\_

**Tenant ID**

\_\_\_\_\_

**Current Mailing Address**

\_\_\_\_\_

Please complete the below form and include any relevant documentation as attachments to this document.			
TYPE OF EXPENSE			AMOUNT PAID
Did you pay for any reasonable and documented moving fees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay for disconnection/connection charges for any necessary utilities (water sewer, gas, electricity)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay for disconnection/connection charges for telephone, cable service, or Internet access at your original unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay for storage expenses related to your temporary relocation period, your move to the Temporary Relocation Dwelling, and/or your move back to your original unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did you pay any amount of the difference between the cost of your temporary relocation dwelling and the rent set forth in the lease of your original unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (Please explain):			
<b>TOTAL</b>			



**Appendix AG:**  
**Rental Fee Payment**  
**Confirmation Letter**

Date

Re: Tenant's name

Dear Landlord's name,

This letter confirms that because (Tenant name) was permanently displaced due to federally funded disaster recovery program, (she/he) has been conditionally approved for an advanced payment of (\$\*\*\*) in the form of relocation assistance (including assistance for moving and related expenses) under the Uniform Relocation Act (URA).

Under the condition that the dwelling at (new dwelling address) passes the required, Housing Quality Standards (HQS) Inspection and a rental application is approved, the \$\*\*\* broker's fee, \$\*\*\* first month's rent, and \$\*\*\*\* security deposit (equivalent to the number of months requested) will be paid directly to (his/her) broker and landlord at lease signing in the form of an advanced rental assistance payment.

If you have questions please contact, \*\*\*\* at \*\*\*\*.

Sincerely,

NYC Build it Back