

# F20 - Temporary Relocation Assistance Claim

Submit all forms and documents to TRAClaims@recovery.nyc.gov or fax 646-500-7186 For Questions, call Build it Back Customer Service 212-615-8329

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

# What type of assistance is available?

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

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

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

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

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

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

### **Instructions to Applicant**

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

I. Name					
	First	Last			
2. Teleph	one Number(s)				



	Home			Cell			
3. Buil	ld it Back App	olication Number					
4. Cur	rent Mailing <i>I</i>	Address					
Street	Address				Apt/Suite		
City			Sta	ite	ZIP		
5. Hou	sehold Size		,				
this	claim? Please	in your household were dis only include persons who do not live in the home the	regularly live in your	home and do		_	
	im Period						
of t	he expenses cla	aimed on this form	Month	/	Date	1	Year
		END DATE					
of t	he expenses cla	aimed on this form	Month	/	Date	1	Year
Did by t spe	you receive any this claim? This cifically intende ack. <u>Do not</u> inc	ssistance Received y financial assistance from s includes any rental subsi ed to pay for temporary ho- lude FEMA or Additional Li receive any temporary h	dies, payments from using for members of iving Expenses from y	a charity, or f your housel your private i	any other assis hold while your insurance comp	tance from home was i pany.	other sources that were n construction by Build
	this claim.						
	Yes, I receive	ed temporary housing as	ssistance in the for	m of a chec	k, cash or oth	er direct p	ayment to me that
	was specific	ally intended for tempor	ary housing during	the time pe	eriod covered l	oy this clai	m in the amount of
П	•	 program, charity or oth	er source naid all o	r part of my	, temporary ho	ulsing evn	ense for me or l
		ubsidized rent paid direc	-	-	-		
			iny to a nousing pro	ovider darii	ig the time per	100 00 0010	od by time ciaim in the
		ed another form of renta	l assistance not lis	ted above ii	n the amount (	of \$	
8. Tota	al of All Reloc	cation Expenses Incurr mount of the documented	red \$ expenses that <b>YOUR</b>	HOUSEHOL	<b>.D</b> paid for duri	ng the time	period covered by this

charity or the government.

claim. Do not include expenses unless you have documentation. Do not include any rent paid for by someone else, such as a



9. Temporary Housing Address Enter the address of rental unit, hotel, or other accommodations where you are living while your household is displaced by Build it Back construction. Please include additional sheets if you lived in multiple locations.						
Street Address	Apt/Suite					
City	State ZIP					
IO. Landlord Contact Information  Enter the name and telephone number of you had multiple landlords.	your landlord, hotel or the person you paid re	ent to. Please include additional sheets i				
IMPORTANT – PLEASE READ THE I understand that if the information in the required to repay any benefits I received I also understand that the information in investigative authorities for verification figures reported and statements made in Department of Housing and Urban Deve the amount I incurred in housing expensions.	his document and attached to this doo d or was eligible to receive as a result n this document may be turned over to or investigation. I hereby certify und nerein to the New York City Build it Ba lopment are true and correct and that	cument is not correct, I may be of providing incorrect information the appropriate New York City er penalty of perjury that the ck Program and the United States				
Applicant/Owner (Print Name)	Signature	Date				
Applicant/Owner (Print Name)	Signature	Date				

# **Instructions for Providing Proof of Expenses**

Applicant/Owner (Print Name)

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

Signature

Date



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

#### **Requirements For A Rental Unit**

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

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

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

## The Following Types of Expenses are Non-Reimbursable

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



### PROOF OF TEMPORARY HOUSING PAYMENTS AFFIDAVIT

The following form is not required, but it may substitute for a lease, bill or receipt of payment if the landlord does not provide a lease, bill or other proof of payment.

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

l,		[na	me of owner/lai	ndlord], l	peing duly sworn,
	deposes and says:				
1.	I am the owner/landlord of the reside	ence located at	:		
	[address of the residence].				
2.			[name of Build	l it Back a	pplicant] leased or
	subleased this residence from me be	etween		_, 20	[beginning date]
	and, 20	[end date].			
3.			[name of Build	d it Back (	applicant] paid me
	a total of \$	_ for the renta	l period described	d above.	
 Signatu	ure of owner/landlord				
	to before me thisday of		20		
SWOIII	to before the thisday or		_20		
 Notary	Public				