

_____ CITY/COUNTY
**COMMUNITY DEVELOPMENT BLOCK GRANT/HOME PROGRAM
OPTIONAL RELOCATION ASSISTANCE POLICY RESOLUTION**

A Resolution authorizing the adoption of Optional Relocation Assistance for the [Insert name of program].

Be It Resolved by the _____ that:

WHEREAS, the [Insert Agency Name], hereafter referred to as the Agency, has allocated [Insert Community Development Block Grant (CDBG) or HOME Investment Partnerships Program (HOME)] funds for the purpose of providing [describe assistance to be provided], and

WHEREAS, [insert CDBG funds or HOME funds] may be used for optional relocation payments and assistance to families, individuals, businesses, nonprofit organizations and farms

- who are [displaced *or* temporarily relocated] by project assisted with HOME funds where the [insert displacement *or* temporary relocation] is not subject to the requirements found at [24 CFR 92.353(c) *and/or* 24 CFR 92.353(e) *or* 24 CFR 42.350],
- who are displaced or temporarily relocated by an activity that is not subject to the requirements found at [insert 24 CFR 570.606(c) or (d) or (e) or 24 CFR 42.350],
- who receive assistance pursuant to 24 CFR 570.606(c) or (d) at levels in excess of those required by these paragraphs.

and where such relocation assistance payments qualify either on the basis of the re-use of the property, or the condition of the property, and *(if applicable)* where the income of the applicant/recipient is determined to meet the income and qualification criteria of this policy, and

WHEREAS, the Agency deems it is in the best interest of [Insert owner-occupants, or residential tenants, or non-residential tenants] to develop a written Optional Relocation Assistance Policy (Policy) to provide limited advisory services, and/or replacement housing assistance and/or moving expense assistance to such [insert owner-occupants, or residential tenants, or non-residential tenants] who [insert must move temporarily or must move permanently] for [describe project].

NOW, THEREFORE, be it resolved by the Agency that [*insert advisory services and/or housing assistance and/or moving assistance*] be made available under this Policy to the degree and extent described, and subject to the criteria and requirements stated herein.

Adopted this ____ day of _____, 200__.

The Agency has designated the following person(s) as the Agency contact(s) to answer questions regarding this Optional Relocation Policy.

Name of Person

Title

Office Name

Telephone Number

Office Address

Office Hours

I. ELIGIBILITY

[Identify persons who are eligible to apply for assistance]

Examples:

- Condemnation or Code Enforcement-Related Moves Homeowners or residential tenants who are forced to move either permanently or temporarily as a result of condemnation or code enforcement, including occupancy-related requirements.
- Fire, Natural Disaster, and Weather-Related Moves Homeowners or residential tenants who are forced to move either permanently or temporarily due to unsafe housing caused as a result of fire, natural disaster, or weather-related circumstances.
- Conversion of Rental Housing into Homeownership Housing Residential tenants who are relocated as a result of conversion of rental housing into condominiums or other forms of homeownership housing that forces residential tenants to move permanently from their home.

II. INCOME REQUIREMENTS

[Insert income requirements, if applicable]

Example:

Eligible applicants might be approved to receive assistance under this Policy only if the total household income meets the income criteria selected by the Agency, and indicated here:

- Below 30% of the median area income
- Below 60% of the median area income
- Below 80% of the median area income
- [Insert other income requirements]*

III. CONDITIONS FOR ELIGIBILITY

[Insert conditions for eligibility]

Example:

To obtain assistance under this Policy, applicants who meet the income criteria of this Policy must also be subject to one or more of the following conditions selected below:

- An individual or head-of-household that is above the age of 65
- A female head-of-household with 2 or more dependents under the age of 16
- An individual or household with 1 or more elderly dependents
- An individual or head of household that receives 80% or more of their income from disability payments
- [Insert other conditions for eligibility]*

IV. AVAILABILITY OF FUNDING AND RANKING CRITERIA

[Describe availability of funding and ranking criteria]

Example:

[Insert Owner-occupants and/or residential tenants or non-residential tenants] who meet the income criteria and one or more of the eligibility conditions may be entitled to the monetary assistance outlined in this Policy under the following conditions:

- Monetary assistance described in this Policy may be available to approved applicants if the Agency has funds obligated and currently available specifically for this Policy.
- If funds are available, approved applicants will be assisted in the order that they are approved (date of approval).
- If funds are not available, approved applicants will be assisted in the order that they are approved (date of approval) only if funding is made available within 30 days of the date the Agency approves the application.
- If the Agency is unable to issue an award of assistance within this 30-day period, the applicant's application will not be retained for funding.
- Unfunded applicants who are still eligible to receive such assistance and still wish to receive assistance under this Policy, must re-submit their application for consideration.
- [Insert other conditions]*

V. ASSISTANCE TO BE PROVIDED

[Describe assistance to be provided]

Examples:

General Description of Advisory Services

Homeowners and/or residential tenants who meet the eligibility criteria and income requirements described in this Policy, and who are issued a Notice of Award, will be eligible for the following assistance:

- a. When possible, the Agency may assist an applicant in locating additional services available in the community.
- b. Referral of eligible applicants to other agencies for monetary assistance and/or other humanitarian or social services.

- c. Housing advisory services and assistance in locating temporary or permanent replacement housing, and other advisory services the Agency deems appropriate.
- d. Monetary assistance for eligible applicants under this Policy within the limits set, and for the eligible items specified and approved.

Advisory Services and Financial Assistance Available

Homeowners and/or residential tenants who meet the above eligibility criteria and income requirements, and who are issued a Notice of Award, will be eligible for the following financial assistance:

Moves Caused by Natural or Weather-Related Disasters (Homeowners or Tenants)

Moves Caused by Condemnation or Code Enforcement (Tenants Only)

Housing Advisory Service. The Agency will provide reasonable assistance to help homeowners and tenants locate a replacement dwelling unit. All temporary or permanent housing must be determined by the Agency to be in decent, safe, and sanitary condition to qualify for a housing or move assistance payment under this part.

Housing Assistance Payment. Homeowners or tenants who are forced to move from unsafe housing as a result of hazardous conditions caused by natural or weather-related disasters, or tenants who are forced to move from unsafe housing due to condemnation or code enforcement, will be eligible for: 1) either an "immediate" hotel housing payment assistance (up to one week), or a transitional housing payment (up to one month), and 2) the first month's rent for a permanent replacement housing unit. Financial housing assistance under this part shall not exceed, from all claims, a total of \$_____.

Moving Assistance Payment. A moving assistance payment, based on the number of rooms of furniture a resident has that must be moved, excluding bathrooms, closets, and hallways, will be available to eligible applicants to assist them in moving their personal property from the unsafe unit. The move schedule payment adopted by the Agency is included here:

Number of Rooms	One Room	Two Rooms	Three Rooms	Four Rooms	Five Rooms	Six Rooms	Seven Rooms	Eight Rooms
Amount	\$	\$	\$	\$	\$	\$	\$	\$

Storage of Property Payment. If determined necessary by the Agency, storage of personal property is allowed for a period of 6 months, and shall not exceed \$_____.

Return Moving Assistance Payment. A moving assistance payment, based on the number of rooms of furniture that must be moved, excluding bathrooms, closets, and hallways, will be available to assist temporarily relocated residents to return to their rehabilitated, decent, safe and sanitary dwelling, or to move to a permanent replacement housing unit. The Return Move schedule payment adopted by the Agency is included here:

Number of Rooms	One Room	Two Rooms	Three Rooms	Four Rooms	Five Rooms	Six Rooms	Seven Rooms	Eight Rooms
Amount	\$	\$	\$	\$	\$	\$	\$	\$

Moves Caused by Condemnation or Code Enforcement – Homeowners

Housing Advisory Service. Homeowners who are forced to move from unsafe housing due to condemnation or code enforcement will be eligible for advisory services that will include reasonable assistance to help the homeowner locate a replacement dwelling unit. All temporary or permanent housing must be determined by the Agency to be in decent, safe, and sanitary condition to qualify for a Moving Assistance payment under this Optional Relocation Policy.

Moving Assistance Payment. A moving assistance payment, based on the number of rooms of furniture that must be moved, excluding bathrooms, closets, and hallways, will be available to eligible applicants to assist them in moving their personal property from the unsafe unit. The move schedule payment adopted by the Agency is included here:

Number of Rooms	One Room	Two Rooms	Three Rooms	Four Rooms	Five Rooms	Six Rooms	Seven Rooms	Eight Rooms
Amount	\$	\$	\$	\$	\$	\$	\$	\$

Storage of Property Payment. If determined necessary by the Agency, storage of personal property is allowed for a period of 6 months, and shall not exceed \$_____.

Moves Caused by Conversion of Rental Housing into Homeownership – Tenants

Housing Advisory Service. Eligible tenants who are forced to move due to conversion of rental units into homeownership housing will be eligible for advisory services that will include reasonable assistance to help a tenant locate a replacement dwelling unit. All temporary or permanent housing must be determined by the Agency to be in decent, safe, and sanitary condition to qualify for a Move Assistance payment under this part.

Move Assistance Payment. A move assistance payment, based on the number of rooms of furniture a resident has that must be moved, excluding bathrooms, closets, and hallways, will be available to eligible tenants to assist them in moving their personal property from the converted unit. The move schedule payment adopted by the Agency is included here:

Number of Rooms	One Room	Two Rooms	Three Rooms	Four Rooms	Five Rooms	Six Rooms	Seven Rooms	Eight Rooms
Amount	\$	\$	\$	\$	\$	\$	\$	\$

Storage of Property Payment. If determined necessary by the Agency, storage of personal property is allowed for a period of 6 months, and shall not exceed \$_____.

VI. RECORDKEEPING

Complete records, files, documents and justification for any payment made pursuant to this Plan shall be maintained in accordance with [insert CDBG/HOME recordkeeping requirements (24 CFR 570.490 or 570.506, or 24 CFR 92.508) and/or insert other guidelines].

VII. COMPLAINTS/APPEALS

In an effort to satisfy all parties affected by the activities proposed herein, _____ has established the following procedure for complaints/appeals:

If an individual is denied assistance or believes that sufficient or adequate assistance has not been approved, the person may file a complaint/appeal in accordance with the local appeals or complaint procedure. [Insert Agency appeals/complaint procedures to handle complaints or appeals from individuals.]

If [insert Agency's name] denies the individual's appeal, the individual may request a review of that decision to [insert next level of review, if applicable].

ADOPTED this _____ day of _____, 200____, by the _____, City of _____, County of _____, and State of _____.

Mayor, City of _____
 [or other appropriate signatory]

ATTEST:
