**Notice of Non-Displacement**

(Subrecipient Should Use Their Own Letterhead)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_ (Residential Tenant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

On \_\_\_(date) \_\_\_\_\_\_, the \_\_\_\_(Subrecipient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) , notified you of proposed plans to rehabilitate the property you currently occupy at (\_\_\_\_\_\_\_address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

for a project which could receive funding assistance from the **Georgia Department of Community Affairs (DCA)** under the **Community Development Block Grant Disaster Recovery (CDBG-DR) Program.** On \_\_\_\_(date)\_\_\_\_\_, the project was approved and will receive federal funding. Repairs will begin soon.

* **This is a notice of Non-Displacement. You will not be required to move permanently as result of the rehabilitation.**

This notice guarantees you the following:

* Upon completion of the rehabilitation, you will be able to lease and occupy your

present apartment or another suitable, decent, safe, and sanitary apartment in the

same building/complex under reasonable terms and conditions.

* If you must move temporarily so that the rehabilitation can be completed, you will

be reimbursed for all your extra expenses, including the cost of moving to and

from temporary housing and any increased interim housing costs. The temporary

unit will be decent, safe, and sanitary, and all other conditions of the temporary

move will be reasonable.

* Since you will have the opportunity to occupy a newly rehabilitated apartment, I urge

you not to move **(If you do elect to move for your own reasons, you will not receive**

**any relocation assistance)**. We will make every effort to accommodate your needs.

Because federal funding is involved in this project, you are protected by the Uniform

Relocation Assistance and Real Property Acquisition Policies Act of 1970, as

amended. Of course, you must continue to comply with the terms and conditions of

your lease.

If you have any questions, please contact (name) at (phone), (address). This letter should be retained for your records.

Sincerely,

(name and title)

App. 4-1 [10/06]

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Appendix 4

NOTES

1. The case file must indicate the way this notice was delivered (e.g.,

personally, served, or certified mail, return receipt requested) and the date of

delivery. (See Paragraph 2-3 I of Handbook 1378.)

2. This is a guideform. It should be revised to reflect the circumstances.

Based on the applicable HUD program regulations, if “reasonable terms and

conditions,” are defined, one of the following statements or other language may

also be required in this Notice:

a. Under HOME at 24 CFR 92.353(c)(2)(C)(1): “Your new lease will be for a

term of not less than one year at a monthly rent will remain the same or, if

increased, your new monthly rent and estimated average utility costs will not

exceed: 1) if you are low income, the total tenant payment as defined by

HUD (under 24 CFR 5.628), or (2) 30% of the monthly gross household

income, if you are not low income.”

b. Under CDBG at 24 CFR 570.606(b)(2)(D)(1): “Your monthly rent will

remain the same or, if increased, your new rent and estimated average utility

costs will not exceed 30% of the household’s average monthly gross income.”

c. Under Section 221 Mortgage Insurance Programs at 24 CFR 221.795(i):

“Your monthly rent and estimated average utility costs will not exceed the

amount approved by HUD