

# Your RIGHTS and BENEFITS

Under the Federal Relocation  
Assistance Program

RESIDENTIAL

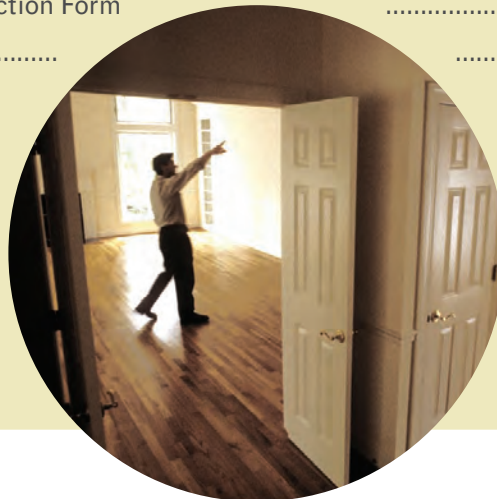


GSA Public Buildings Service



# Table of Contents

<b>Introduction</b> .....	2
<b>Relocation Advisory Services</b> .....	3
<b>Notices</b> .....	3
» The Letter of Eligibility.....	3
» 90-Day Notice.....	3
» 30-Day Notice to Vacate .....	3
<b>Moving Costs</b> .....	4
<b>Replacement Housing</b> .....	5
» Purchase Supplement.....	9
» Rental Assistance .....	10
» Down Payment.....	10
<b>Tax-Related Questions</b> .....	11
<b>Right to Appeal</b> .....	11
<b>Glossary of Terms</b> .....	12
<b>Forms</b> .....	13
» Receipt for Relocation Brochure .....	13
» Claim for Relocation Payments.....	15-16
» Payment of Moving Costs .....	17
» Claim for Homeowners Replacement Housing Payment.....	19
» Claim of Rental Replacement Housing Payment.....	21
» Downpayment and Incidental Expenses.....	23
» ACH Payment Enrollment Form .....	25-26
» Decent, Safe and Sanitary Inspection Form .....	27
» Release of Property.....	29





In the course of federally funded projects and programs designed to benefit the greater public, it may be necessary to acquire private property. This may lead to the displacement of people from their residences, businesses, non-profit organizations, or farms.

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (the “Uniform Act”), and the implementing regulations at 49 C.F.R. Part 24, provide uniform and equitable treatment for these displaced persons.

If you are required to move as a result of a federal or a federally assisted program or project, an Agency Relocation Counselor will contact you. Your Relocation Counselor will answer your specific questions and provide additional information and guidance, as necessary. If you have a disability that may inhibit or prevent you from reading or understanding this brochure, or if you have other special needs that require assistance, please speak with your Relocation Counselor so that you can be provided the appropriate assistance.

This brochure explains your rights as an owner or tenant of real property to be acquired for a federally funded program or project. The requirements for acquisition of property can be best explained by the Agency’s Site Acquisition Specialist of the project team.

Acquisition and relocation information can be found on the GSA website at [www.gsa.gov](http://www.gsa.gov) or on the Federal Highway Administration Office of Real Estate Services website at [www.fhwa.dot.gov/realestate](http://www.fhwa.dot.gov/realestate).

**How do I know I am eligible for assistance under the Uniform Act?**

If the project or program is funded, even in part, with federal funds, you are eligible for relocation assistance under the Uniform Act.

# Residential Relocation

## RELOCATION ADVISORY SERVICES

At project inception, the Agency will determine whether the acquisition of private property will result in displaced persons. If so, a Relocation Counselor from the Agency will be assigned to your case to offer you relocation assistance services.

Any individual, family, business, or farm displaced by a federal or federally assisted program will be offered relocation assistance services for the purpose of locating a suitable replacement property. Relocation services are provided by qualified personnel employed by the Agency. It is their goal and desire to be of service to you and assist in any way possible to help you successfully relocate.

Your Relocation Counselor will schedule a time to visit with you and your family to conduct a needs assessment interview. During the initial interview, your housing needs and desires will be discussed, as well as your need for special assistance, if necessary.

## NOTICES

**The Letter of Eligibility:** This letter is typically given at the initiation of negotiations and is the official notification of your right to relocation benefits under the Uniform Act. The term “initiation of negotiations” usually means the date the Agency makes the first personal contact with the owner of the property to be acquired, or his or her representative, to provide a written offer to purchase the property.

**90-Day Notice:** This notice is typically given at the initiation of negotiations or later, and provides at least 90 days’ advance notice of the specific date possession will be required. When given at the initiation of negotiations, it will include an assurance that another notice will be given at least 30 days before the property needs to be vacated. This latter date will not be any earlier than the date provided in the initial 90-day notice. The 90-Day Notice may be included as part of the Letter of Eligibility.

**30-Day Notice to Vacate:** This notice is issued once the property has been acquired by the Agency.



“A Relocation Counselor from the Agency will be assigned to your case to offer you relocation assistance services.”

## Residential Relocation

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### MOVING COSTS

#### **Actual, Reasonable Moving Costs**

You may be paid for your actual, reasonable moving costs by a professional mover plus related expenses, or you may move your personal items yourself and be eligible to receive a fixed payment. Move reimbursement generally will be limited to a maximum of 50 miles. Related expenses involved in the move may include:

- » Packing and unpacking personal property.
- » Disconnecting, transport of and reconnecting household appliances.
- » Temporary storage of personal property up to 12 months.
- » Insurance while property is in storage or in transit.
- » Transfer of phone lines, internet, cable services, or other similar utility reconnections.

“...keep all receipts to facilitate a smoother process and a quicker reimbursement...”

To be eligible for reimbursement, an expense must be reasonable and necessary as determined by the Agency and supported by a paid receipt or other evidence of the expense incurred. The Agency reserves the right to inspect your inventory of personal property. If you have specific questions about what qualifies as reasonable and necessary expenses, please contact your Relocation Counselor. It is very important to make sure that you keep all receipts to facilitate a smoother process and a quicker reimbursement. Not having receipts and the proper documentation will prolong the process and lead to delays in processing your payments and reimbursements. All receipts must be submitted within 18 months of the move.

For anything not included in the list above, please make sure you consult your Relocation Counselor. The Agency may consider other expenses to be eligible for reimbursement based upon your individual, unique circumstances.

#### **Fixed Moving Cost Schedule**

As an alternative to the cost reimbursement method, you may choose to be paid for your moving costs based upon the fixed moving cost schedule provided by your Relocation Counselor. The fixed moving cost schedule is based upon the number of rooms in your dwelling and the state in which you reside.

To make the best decision between whether to use the Fixed Moving Cost Schedule or Actual, Reasonable Moving Costs, please consult your Relocation Counselor.

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### Fixed Moving Cost Schedule – Mobile Home

If you are the owner of a displaced mobile home, you may be entitled to a payment for the cost of moving the mobile home to a replacement site on an actual cost basis. Displaced mobile home occupants (owners or tenants) also may be eligible for a payment for moving personal property from the mobile home, such as furniture, appliances and clothing, on an actual cost basis, or on the basis of a moving cost schedule. For a complete explanation of all moving cost options involving a mobile home, please discuss the matter with your Relocation Counselor.

### REPLACEMENT HOUSING

You will be offered replacement housing that is equal to or greater in value than what you currently own, depending on market comparables.

There are three types of Replacement Housing Payments:

1. Purchase Supplement
2. Rental Assistance
3. Down Payment

A Purchase Supplement is a payment to help homeowners buy a replacement home. A Rental Assistance payment is a payment to enable owners or tenants to rent a comparable unit to the one from which they are being displaced. The Down Payment assistance is an alternative to the Rental Assistance payment and is used to help facilitate the purchase of a replacement home. These three types of payments are

discussed in greater detail below. One of these three Replacement Housing Payments will be offered to you based upon your housing needs.

To understand Replacement Housing Payments, you first need to become familiar with the terms Comparable Housing; Financial Means; Decent, Safe and Sanitary (DSS); and Housing of Last Resort.

“You will be offered replacement housing that is equal to or greater in value than what you currently own...”



## Residential Relocation

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### Comparable Housing

After the needs interview, your Relocation Counselor will review the existing real estate market and provide you a list of comparable properties.

A comparable replacement dwelling must be functionally equivalent to your existing home, taking into consideration the following:

- » Adequate in size to accommodate the occupants (e.g., you and your family).
- » Located in an area that is not subject to unreasonable adverse environmental conditions.
- » Located in an area that is not less desirable than your present location with respect to public utilities and commercial and public facilities.
- » Reasonably accessible to your place of employment.
- » Located on a site that is typical in size for residential development with normal site improvements.
- » Currently available on the private market.
- » Within your financial means.
- » Any other criteria reasonably determined by the displacing Agency.

### Financial Means

- » For a homeowner, if a Purchase Supplement is needed and provided in addition to the acquisition price for your dwelling, then the replacement dwelling is considered to be within your financial means.

- » For a tenant, the monthly rent and estimated average monthly utility cost of electricity, gas, other heating and cooking fuels, water, and sewer for a comparable replacement dwelling is considered to be within your financial means if, after receiving Rental Assistance, the amount does not exceed the base monthly rent (including average monthly utility costs) for the dwelling from which the tenant is displaced.
- » The Agency may need to calculate the base monthly rent using 30% of the displaced tenant's total monthly gross household income, if that income qualifies as low income in accordance with established low income thresholds determined by the U.S. Department of Housing and Urban Development (HUD).
- » The Agency also will evaluate the amounts designated for shelter and utilities for a tenant that receives government assistance.
- » The rental assistance payment will be computed using the lesser of: (1) rent and average monthly utility cost; (2) 30% of the total monthly gross household income for a qualified low income tenant; and (3) the total amount designated for shelter and utilities for a tenant receiving government assistance. To ensure the maximum benefit, it is important to provide the Agency appropriate evidence of total monthly household income when asked. There are some amounts that are not included as monthly household income, such as income earned by dependents. Your Relocation Counselor will explain this computation in greater detail.



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## Decent, Safe and Sanitary

All comparable replacement dwellings must meet the requirements of being Decent, Safe and Sanitary (DSS). The requirements of DSS are:

- » Be structurally sound, weathertight 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 (approximately 70 degrees Fahrenheit), 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 to accommodate the displaced person(s).
- » Contain a well-lighted and ventilated bathroom providing privacy to the user and containing a sink, bathtub or shower stall, and toilet, all in good working order and properly connected to appropriate sources of water and a sewage drainage system.
- » Contain a kitchen area with a fully usable sink, properly connected to potable hot and cold water and to a sewage drainage system, with adequate space and utility connections for a stove and refrigerator.
- » Have unobstructed access to safe, open space at ground level.
- » Be free of any barriers that prevent reasonable access or, in the case of a displaced person with a disability, use of the dwelling.

You will be provided a written determination of the amount of replacement housing for which you qualify under the Uniform Act. Your Relocation Counselor will then provide you assistance and transportation, if necessary, to review the comparable properties. Your Relocation Counselor will be there to assist you throughout the process.

### Who makes the determination and how is DSS determined?

The Agency will make the determination as to whether a property is or is not DSS. Please see the DSS Inspection & Certification in the Forms section of this brochure for more information.

### NOTE:

Please understand that the replacement dwelling inspection for DSS requirements is conducted by Agency personnel for the sole purpose of determining your eligibility for a relocation payment. Therefore, you must not interpret the Agency's approval of a dwelling as an assurance or guarantee that there are no deficiencies in the dwelling or in its fixtures and equipment that may be discovered at a later date. It is your responsibility to protect your best interest and investment in the purchase or rental of your replacement property and you must clearly understand that the Agency will assume no responsibility if structural, mechanical, legal, or other problems are discovered after the inspection has been conducted.

## Residential Relocation

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### **Housing of Last Resort**

Every piece of real estate is unique, as is every real estate market. In the event comparable properties are not available, or there are extenuating circumstances, or properties that are DSS are not readily available, the Agency will consider the option of Housing of Last Resort.

Housing of Last Resort is a process guided and evaluated by your Relocation Counselor. Please contact your Relocation Counselor for additional details on Housing of Last Resort.

“The Agency will not require you to accept a replacement dwelling provided by the Agency.”

### **Freedom of Choice**

All eligible displaced persons have the freedom of choice in the selection of a replacement dwelling. The Agency will not require you to accept a replacement dwelling provided by the Agency. If you decide not to accept the replacement housing offered by the Agency, you may secure a replacement dwelling of your choice, but it must meet the DSS standard.

### **Length of Occupancy – Basic Occupancy Requirements**

The type of payment you are eligible to receive depends on whether you are an owner or a tenant, and how long you have lived in the property being acquired, prior to the initiation of negotiations. “Length of occupancy” simply means counting the number of days that you occupied the dwelling before the date of initiation of negotiations by the Agency for the purchase of the property.

The term “initiation of negotiations” usually means the date the Agency makes the first personal contact with the owner of real property, or his or her representative, to provide a written offer to purchase the property being acquired.

Owners who were in occupancy 180 days or more prior to the initiation of negotiations may be eligible for a Purchase Supplement or a Rental Assistance payment.

Tenants who were in occupancy 90 days or more prior to the initiation of negotiations may be eligible for a Rental Assistance payment or a Down Payment assistance.

Owners who were in occupancy 90 days to 179 days prior to the initiation of negotiations may be eligible for a Rental Assistance payment or a Down Payment assistance; however, the Down Payment cannot exceed the amount you would have received if you had been a 180-day owner.

If you were in occupancy at the time of the initiation of negotiations, but less than 90 days prior to that date, you are considered a displaced person entitled to relocation assistance advisory services and moving payments. You may be entitled to a Rental

Assistance payment if comparable replacement rental housing is not available within your financial means. The Agency will use the financial means test described earlier in this brochure. This involves checking to see if you qualify as low income using the HUD definition. If so, and if you are required to pay rent and utilities in excess of 30% of your average monthly gross household income for a comparable replacement dwelling unit, you may be eligible for a Rental Assistance payment under Housing of Last Resort because comparable replacement housing is not available within your financial means. You should meet with your Relocation Counselor for an explanation of the relocation benefits that you may be eligible to receive.

### Purchase Supplement

For a homeowner who has owned his or her home for more than 180 days and a Purchase Supplement is needed in addition to the acquisition price for your home, the replacement dwelling is considered to be within your financial means. A Purchase Supplement may not exceed \$22,500.00. The Purchase Supplement may only

### What if the value of my home is less than other comparable homes?

Under the Uniform Act, the Federal Government realizes that market value may differ from neighborhood to neighborhood. To accommodate the purchase of any new home, the Agency can cover up to a \$22,500 difference in value.

be used if there are no comparable homes that are equal to the value of your home. A Purchase Supplement has three components: (1) a price differential, (2) an amount for increased mortgage interest and (3) incidental expenses. The Purchase Supplement is in addition to the acquisition price paid for your property.

### Price Differential

The price differential payment is the amount by which the cost of a replacement dwelling exceeds the acquisition price of the displacement dwelling. (See example below)

#### EXAMPLE:

The Agency purchases your home for \$100,000.00. A market analysis determines the nearest comparable on the market is \$110,000.

The Agency will provide up to \$10,000.00 in additional funds, at closing, toward the purchase of your home.

<b>Appraised Fair Market Value (FMV) of Home</b>	_____	\$100,000.00
<b>Comparable in the Real Estate Market</b>	_____	\$110,000.00
<b>Agency provides \$10,000.00 in Purchase Supplement at Closing</b>	___	\$10,000
<b>Net Cost to Displace:</b>	_____	\$0.00

## Residential Relocation

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### **Increased Mortgage Interest**

You may be reimbursed for increased mortgage interest costs if the interest rate on your new mortgage exceeds that of your present mortgage. To be eligible, your acquired dwelling must have been encumbered by a *bona fide* mortgage that was a valid lien for at least 180 days prior to the initiation of negotiations.

### **Incidental Expenses**

When you purchase a replacement dwelling, you may be reimbursed for other expenses, such as reasonable costs incurred for title search, recording fees and certain other closing costs, but not for prepaid expenses such as property insurance or real estate taxes. Your Relocation Counselor can provide a complete list of eligible incidental expenses.

### **Rental Assistance**

To be eligible for Rental Assistance under the Uniform Act, you must be an owner-occupant or a tenant for at least 90 days before the initiation of negotiations. The intent of the payment is to assist you in renting a comparable dwelling for a 42-month period, not to exceed \$5,250.00. The Rental Assistance payment will be paid in a lump sum, unless the Agency determines that the payment should be paid in installments. You must rent and occupy a DSS replacement dwelling within one year to be eligible.

If you, as a 180-day owner at the initiation of negotiations, decide to rent as opposed to purchase a new home, the Agency will determine the fair market rental value of your home and also search for a comparable rental property available in the market. The difference will then

be multiplied by 42. Under no circumstances will the Rental Assistance payment exceed the amount you would have received as a price differential as described above.

Example: Assume you have been paying \$500 per month rent for the dwelling unit occupied by you and purchased by the Agency. You also pay \$150 per month for utilities (*i.e.*, electricity, gas, other heating and cooking fuels, water, and sewer). The Rental Assistance payment computation always includes the cost of basic utilities (*i.e.*, electricity, gas, other heating and cooking fuels, water, and sewer), as well as the cost of rent. If rent includes utilities, a separate computation is not necessary.

After a study of the rental market, the Agency determines that a replacement rental unit that is DSS and comparable to your unit is available for \$600 per month, exclusive of utilities. It is estimated that average monthly utility costs for the replacement unit will be \$175 per month. The maximum Rental Assistance payment you can receive is \$125 per month (\$775-\$650) for a 42-month period, or a total of \$5,250.

### **Down Payment Assistance**

Owner-occupants of 90 to 179 days and tenants of 90 days or more may be eligible for a Down Payment and incidental expenses. The Agency will determine the maximum down payment you may be eligible to receive based on its computation for a Rental Assistance payment. However, the payment to a displaced owner-occupant may not exceed the amount that would have been received by a 180-day owner for the same property.

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To be eligible for the full amount of the Down Payment assistance payment, the entire payment must be used to purchase a DSS replacement dwelling. The payment may be used for a down payment toward the purchase price or eligible incidental expenses, or both. Incidental expenses include the reasonable costs of title search, recording fees and certain other closing costs, but do not include prepaid expenses such as property insurance and real estate taxes. You may be eligible for the reimbursement of loan origination or loan assumption fees, if such fees are normal to real estate transactions in your area and do not represent prepaid interest. The combined amount of the Down Payment and incidental expenses may not exceed the amount the Agency computed as your maximum Rental Assistance payment.

The Relocation Counselor will explain how the Agency determines the maximum Down Payment assistance payment.

## TAX-RELATED QUESTIONS

No relocation payment received will be considered taxable income for Internal Revenue Code purposes. No relocation payment received will be considered income for the purpose of determining eligibility or the extent of eligibility of any person for assistance under the Social Security Act or any other federal law (except for any federal law providing low-income housing assistance).

If you have tax-related questions, you should seek the assistance of a tax professional at your own expense.

## RIGHT TO APPEAL

If you feel that the displacing Agency has failed to determine your eligibility properly for relocation assistance advisory services or the amount of reimbursement or payment to which you believe you are entitled, you may file a written appeal with the displacing Agency.

The Agency will review your appeal promptly and will provide you with a written determination of your claim. If you are dissatisfied with the result of the appeal, the Agency will advise you of your right to seek judicial review of the Agency's decision.

Please be advised that any legal counsel or other advisor or consultant that you retain to assist you with the appeal process will be at your sole cost and expense. The Agency will not reimburse you for any of these costs or expenses.



## Residential Relocation

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### **GLOSSARY OF TERMS**

#### **Agency**

Relocation assistance advisory services and payments are administered at the local level by the Agency responsible for the acquisition of real property, or the displacement of people from property, or both, to be used for a federally funded program or project. The Agency may be a federal agency, a state agency, a local agency such as a county or a city, or a person carrying out a program or project with federal financial assistance. The Agency may contract with a qualified individual or firm to administer the relocation program; however, the Agency remains responsible for the program.

#### **Alien Not Lawfully Present**

The law provides that if a displaced person is an alien not lawfully present in the United States, such person is not eligible for relocation payments or assistance under the Uniform Act unless ineligibility would result in exceptional and extremely unusual hardship to the alien's spouse, parent or child, and such spouse, parent or child is a citizen or an alien lawfully admitted for permanent residence.

#### **Business**

Any lawful activity, with the exception of a farm operation, conducted primarily (1) for the purchase, sale, lease, or rental of personal or real property or (2) for the manufacture, processing, or marketing, or any combination thereof, of products, commodities or any other personal property or (3) for the sale of services to the public or (4) solely for the purpose of the Uniform Act, an outdoor advertising display or displays, when the display(s) must be moved as a result of the project.

#### **Displaced Person/Displacee**

Any person (individual, family, partnership, association, or corporation) who moves from real property, or moves personal property from real property as a direct result of (1) the acquisition of the real property, in whole or in part, (2) a written notice from the Agency of its intent to acquire, (3) the initiation of negotiations for the purchase of the real property by the Agency, or (4) a written notice requiring a person to vacate real property for the purpose of rehabilitation or demolition of improvements, provided the displacement is permanent and the property is needed for a federal or federally assisted program or project.

#### **Farm**

Any activity conducted solely or primarily for the production of one or more agricultural products or commodities, including timber, for sale or home use, or customarily producing such products or commodities in sufficient quantity to be capable of contributing materially to the operator's support.

#### **Non-profit Organization**

A public or private entity that has established its non-profit status under applicable federal or state law.

#### **Project**

An activity or series of activities undertaken by a federal agency, or an activity undertaken by a state or local agency with federal financial assistance in any phase of the activity.

#### **Small Business**

A business having not more than 500 employees working at a site that is the location of economic activity and that will be acquired for a federal or federally assisted program or project or is displaced by a federal or federally assisted program or project. A site occupied solely by an outdoor advertising sign(s) does not qualify for purposes of the re-establishment expense benefit.

U.S. General Services Administration  
Public Buildings Service  
Center for Site Acquisition & Relocation

## Receipt for Relocation Brochure

PROJECT

DATE

(check one)  INDIVIDUAL     FAMILY     BUSINESS     FARM  
 NON-PROFIT ORGANIZATION     OWNER     TENANT

NAME

ADDRESS

CITY

STATE

ZIP CODE

This certifies that I have spoken with my relocation counselor and understand that I may be required to move because of the above-referenced government project. At this time, the General Services Administration is not offering to buy or negotiating the purchase of your property; therefore, receipt of this brochure does not constitute your eligibility for relocation assistance. This is an informational meeting only.

I have received a copy of the brochure entitled "Your Rights and Benefits Under the Federal Relocation Assistance Program," printed by the U.S. General Services Administration. I understand that my eligibility for monetary benefits will depend on my cooperation in providing documentation to establish my claim. My signature on this receipt does not obligate me in any way.

Recipient's Signature(s):

Please complete this form and return to:



business card







### **Claim for Relocation Payments – Residential**

Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended - 42 U.S.C 61

This form is for use in applying for payment of moving costs; homeowner's Replacement Housing Payment; Rental Replacement Housing Payment and Down payment, and incidental expenses. A representative from the Agency will explain the differences between types of payments and, if you wish, will help you complete the forms. No payments will be made unless the forms are properly executed and received (49 CFR 24.207). If your claim is disapproved or adjusted from amounts claimed in accordance with regulations and procedures, you will be provided a written explanation for the reason and steps that you may take to have your claim reviewed.

**Note:** receipts, vouchers, closing statements or other documentation must support actual expenses.

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#### **Privacy Act Statement:**

42 U.S.C. 61 and 49 CFR 24.207 provide authorization for the collection of this information. The primary use of the information is to determine whether the claimant is eligible for and entitled to relocation benefits. Furnishing the information is required in order to process your claim. Failure to do so may result in nonpayment. The information may also be provided to appropriate federal, state, local, or foreign agencies responsible for investigation or prosecuting a violation of law and to the Department of Justice when relevant to litigation.

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#### **Penalty for False or Fraudulent Statement:**

18 U.S.C.1001 provides: "Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully—(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both."

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#### **You Must be Lawfully Present in the United States**

Any person who is an alien not lawfully present in the United States is ineligible for relocation advisory services and relocation payments, unless such ineligibility would result in exceptional and extremely unusual hardship to qualifying spouse, parent, or child, as defined in 49 CFR 24.208(g).

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### Claim for Relocation Payments – Residential

Acquiring Agency:	Project/ Tract
Date of Initiation of Negotiations:	

#### Section I – To be Completed by Claimant

1. Name: Address Acquired Dwelling  Telephone:  Number of Rooms: (excluding, baths, hallway, closets, etc.)	2. Did you occupy the agency acquired dwelling? <input type="checkbox"/> Yes If Yes <input type="checkbox"/> Permanent or <input type="checkbox"/> Seasonal <input type="checkbox"/> No  3. Were you a: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Sleeping Room Occupant <input type="checkbox"/> Furnished Rental (did not own furniture)
4. Date you purchased/rented the Agency Acquired dwelling:	5. Date you moved from the Agency Acquired dwelling:

6. If all members of the household have **NOT** moved together, list their names, addresses, relationship, and ages.

Name	Address	Relationship	Age

7. Address of Replacement Dwelling:	8. Date you purchased/rented the replacement dwelling:  9. Date you moved into the Replacement dwelling:
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10. Claim	Amount	For Agency Use Only
Moving Costs ( <i>Attach Schedule A</i> )		
Replacement Housing Payment - 180-day Owner Occupant ( <i>Attach Schedule B</i> )		
Replacement Housing Payment - 90-day Tenant/Owner Occupant ( <i>Attach Schedule C</i> )		
Down Payment and Incidental Expense ( <i>Attach Schedule D</i> )		

#### Section II – Certification:

**I CERTIFY under the penalties and provisions of 18 U.S.C. 1001 and/or any other applicable law, that this claim and information submitted herewith has been examined and is true, correct, and complete. I have not submitted any other claim, or received reimbursement or compensation from any other source for any item of this claim; and that any receipts submitted herewith accurately reflect costs actually incurred. I certify that the choice of payment was made on the basis of a full explanation by the displacing agency representative of the differences between the types of payment available.**

**As required by law (42 U.S.C. 4605), in making this claim and receiving payment I further CERTIFY:**

✓  **I am either a citizen or national of the United States, or an alien who is lawfully present in the United States; and as applicable**

✓  **That each family member of the displaced household for which I am making a claim, is either a citizen or national of the United States, or an alien lawfully present in the United States.**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

## Schedule A Payment of Moving Costs – Residential

1. Claimant Name:		2. Project/Parcel:	
3. Type of Payment claimed:			
<input type="checkbox"/> Fixed payment \$		<input type="checkbox"/> Reimbursement of Actual Expense Complete item 4 including any storage cost	<input type="checkbox"/> Supplementary Claim for Storage Cost Complete item 5
4. Actual Moving Expenses (See below for Eligible and Non-eligible Expense)		Amount Claimed	For Agency Use Only
a. Moving Costs			
b. Transportation Costs – Families and Individuals (if any)			
c. Cost of Insurance (Move and Storage)			
d. Storage Costs (Complete item 5)			
e. Other: (Explain on Reverse Under Remarks)			
Total Amount Claimed			
Less Amount of Advanced Payments (if any)			
Total Amount Due			
5. Storage Cost (Complete only if personal property was moved to and from storage.)			
Type of Claim: <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Final		Date Property Moved: TO Storage	Date Property Moved: FROM Storage
		Storage Location: <input type="checkbox"/> with Mover <input type="checkbox"/> other location	
6. Method of Payment:			
<input type="checkbox"/> I (We) request the fixed payment. <input type="checkbox"/> I (We) have paid the moving costs itemized above and, therefore, request payment to be made directly. <input type="checkbox"/> I (We) have not paid the moving cost itemized above and, therefore, request payment to be made in advance to the mover and/or storage company or other contractors, in accordance with arrangements made in advance, and with my (our) consent, between the agency and the mover and/or storage company or other contractors. <input type="checkbox"/> I (We) hereby request and authorize the moving cost to be incurred be paid directly to the mover and/or storage company or other contractors, in accordance with arrangements made, and with my (our) consent, between the Agency and the mover and/or storage company or other contractors.			
Signature _____		Date _____	
Signature _____		Date _____	
<b>Eligible Moving Expenses</b>		<b>Ineligible Expenses</b>	
The actual, reasonable, and necessary expense for:		<ol style="list-style-type: none"> <li>1. Cost of moving structures or other real property improvements.</li> <li>2. Interest on a loan of funds for moving costs.</li> <li>3. Additional expense because of living in a new location.</li> <li>4. Personal injury.</li> <li>5. Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the agency.</li> <li>6. Expense to search for a replacement residence.</li> <li>7. Improvement to the replacement real property.</li> </ol>	
<ol style="list-style-type: none"> <li>1. Transportation of individuals, families, and personal property from the acquired site to the replacement site not to exceed a distance of 50 miles (unless the 50 mile limit is waived for cause by the agency).</li> <li>2. Packing and unpacking, crating and uncrating of personal property.</li> <li>3. Disconnecting, dismantling, removing, reassembling, and reinstalling relocated household appliances, and other personal property.</li> <li>4. Storage of personal property, as necessary, in transit up to 12 months (unless extended by the agency if necessary).</li> <li>5. Insurance for the replacement value of the property moved and/or stored.</li> <li>6. The replacement value of property lost, stolen, or damaged in the move, not through the fault or negligence of the displaced person, or his/her agent or employee; where insurance coverage for such items is not available at reasonable cost.</li> </ol>			
	<b>Amount</b>	<b>Name – Signature</b>	<b>Title</b>
<b>Recommended</b>			<b>Date</b>
<b>Approved</b>			



Name	Project/Parcel
------	----------------

**Section I – To Be Completed by Homeowner**

As of the date that you received the Agency's written offer to acquire your dwelling (initiation of negotiations), was the **Acquired Dwelling** owned and occupied as your permanent residence for not less than 180 consecutive days?  Yes or  No

1. Incidental Expenses on Purchase of your **Replacement Dwelling**:

<b>Buyers/Borrowers Charges – Attach Certified Closing Statement (HUD-1)</b> <i>(Non-recurring Costs Only, Eligible Discount Points will be included with Section II below)</i>	Amount	Agency Use
Lender's Fees: Origination Fee, Escrow Fee Other:		
Appraisal		
Credit Report		
Legal Costs		
Title Insurance, Title Search		
Recording Fees, Notary Fee		
Transfer Tax		
Survey		
Inspection Fees (Home, Termite) Other Charges:		
<b>Total Incidental Expense Claimed:</b>		

2. Rental Assistance Payment Received, if any. 3. Replacement Housing Payment Advanced, if any.

4.

_____	_____
Signature	Signature
Date	Date

**Section II – To Be Completed by Agency**

**Mortgage Interest Differential Payment Determination (Compute on Page 6/6A)**  
 Calculated Amount: \_\_\_\_\_ Payment is to be applied at closing for the Purchase of the Replacement Dwelling. Closing is set for Date: \_\_\_\_\_

**Computation of Replacement Housing Payment Amount DUE:**  
 (Confirm prior payments in Items 2 and 3 of Section I above, and INCLUDE in Item G. below)

A. Price of Comparable Dwelling		E. Mortgage Interest Differential Payment	
B. Price Paid for Replacement Dwelling		F. Amount of Incidental Expenses (Eligible Cost from Section I)	
C. Cost of Acquired Dwelling		G. Total Amounts Paid on Prior Claims	
D. Purchase Price Differential Payment <i>(Lesser of A. or B. minus C)</i>		<b>Total Payment Due On This Claim (D plus E plus F, Minus G)</b>	

Recommended	Amount	Name – Signature	Title	Date
Approved				



## Schedule C Claim of Rental Replacement Housing Payment

### Section I - To Be Completed By Claimant

1. Name:	2. Project / Parcel:
3. What was the monthly rental rate for the dwelling you vacated?	4. Utilities that WERE included in rent. <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> other
5. 30% of Gross monthly income? <span style="float: right;">(Payments based on lesser of actual rent or 30% of gross monthly income)</span>	
6. What is the monthly rent of the replacement dwelling.	7. Utilities that ARE included in rent. <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> other
8. Signature of Claimants	
_____ Signature	_____ Date
_____ Signature	_____ Date

### Section II - To Be Completed By Agency

Base monthly rent of comparable replacement dwelling <i>(including Utilities)</i> .	
Base monthly rent of replacement dwelling <i>(including Utilities)</i>	
Base monthly rent of acquired dwelling (Lesser of actual rent and utilities or 30% of gross monthly income, see line 5))	
Monthly Replacement Rental Cost	
<b>Amount Due Under This Claim:</b> <i>(Monthly replacement cost times 42 months)</i>	

	Payment Amount	Name / Signature	Title	Date
<b>Recommended</b>				
<b>Approved</b>				

**Comments**





## Schedule D Downpayment and Incidental Expenses – Residential

### Section I – To Be Completed by Claimant

1. Name	2. Project / Parcel
3. Price Paid for Replacement Dwelling:	4. Downpayment Actually Paid:
5. Incidental Expenses on Purchase of Replacement Dwelling: <i>Usual and Customary Charges Not to Exceed Cost on Purchase of Comparable Dwelling</i>	
<b>Buyers/Borrowers Charges - Attach Certified Closing Statement (HUD-1)</b> <i>(Non-recurring Costs Only, Eligible Discount Points will be included with Section II below)</i>	<b>Amount</b>
	<b>Agency Use</b>
Lender's Fees: Origination Fee, Escrow Fee, Other:	
Appraisal	
Credit Report	
Legal Costs	
Title Insurance, Title Search	
Recording Fees, Notary Fees	
Transfer Tax	
Survey	
Lender's Inspection Fees (Termite, Home) Other::	
<b>Total Incidental Expense Claimed:</b>	
6. Rental Assistance Payment Received, if any.	7. Downpayment Advanced.

_____ Signature	_____ Date	_____ Signature	_____ Date
Remarks:			

### Section II – To Be Completed by Agency Computation of Amount of Downpayment

Actual purchase Price of Replacement Dwelling	=	<b>Total Downpayment:</b> The lesser of the required downpayment or actual downpayment, <b>Plus</b> eligible incidental expenses; NOT TO EXCEED ELIGIBILITY AMOUNT ON COMPARABLE RENTAL.		
Downpayment <b>Required</b> * for Conventional Mortgage: * <b>Typically 20% Down</b>	=	Rental Assistance Payment and Downpayment Assistance previously Received.		
Actual Downpayment applied to Purchase	=			
Eligible Incidental Costs (from above)	=	<b>Total amount Due:</b>		
	Payment Amount	Name / Signature	Title	Date
<b>Recommended</b>				
<b>Approved</b>				



## ACH PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments.

### PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

### AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER	AGENCY LOCATION CODE	ACH FORMAT
ADDRESS		
CONTACT PERSON NAME		TELEPHONE NUMBER

### PAYEE INFORMATION

NAME	SOCIAL SECURITY NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME	TELEPHONE NUMBER

### FINANCIAL INSTITUTION INFORMATION

NAME	
ADDRESS	
ACH COORDINATOR	TELEPHONE NUMBER
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	
TYPE OF ACCOUNT (please circle) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL (COULD BE THE SAME AS ACH COORDINATOR)	TELEPHONE NUMBER

### **Instructions for Completing SF 3881 Form**

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. **Agency Information Section** - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. **Payee/Company Information Section** - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. **Financial Institution Information Section** - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

U.S. General Services Administration Public Buildings Service Center for Site Acquisition & Relocation	<h2 style="margin: 0;">The Decent, Safe and Sanitary Inspection Form</h2>
--	---

Full Name(s) of Claimant(s): \_\_\_\_\_

Address of Replacement Property: \_\_\_\_\_

Type of Replacement	Living Area, Room Count and Value of Replacement			
<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Room <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other	Total No. Occupants:	Total No. of Rooms:	Total No. of Bedrooms:	Purchase Price:
	No. of Rooms Needed:	Habitable Sq. Ft.:	Total No. of Bathrooms (with Tub or Shower):	Monthly Rental:

**General Condition of Replacement Dwelling:**

<table style="width: 100%;"> <tr><td><b>Yes</b></td><td><b>No</b></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%;"> <tr><td><b>Yes</b></td><td><b>No</b></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%;"> <tr><td><b>Yes</b></td><td><b>No</b></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<b>Yes</b>	<b>No</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Kitchen Features:**

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**Bathroom Features:**

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Mobile Home Identification Data		
Manufacturer's Serial No.:	Manufacturer:	Model Name or No.:

**If this dwelling does not pass inspection, complete the following:**

This dwelling was inspected and found NOT to be in compliance with the standards of decent, safe and sanitary. The following deficiencies have been noted: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

**If dwelling passes inspection:**

I have inspected the replacement dwelling unit of the claimant at the address above. To the best of my knowledge and belief, the dwelling unit conforms to the standards for decent, safe and sanitary.

Signature of Inspector: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

**Displacee Disclaimer Statement**

I/We, the undersigned Displacee(s), understand the criteria for decent, safe and sanitary conditions of replacement housing and certify to the best of my/our knowledge the above property complies therewith. I/We further certify the rental rate/purchase price as stated is the actual amount I am/we are paying for replacement housing. I/We further understand that statements, findings, decisions, and conclusions appearing in the foregoing are made solely for the purpose of determining my/our eligibility for payments for the replacement housing and are not intended to be nor do such constitute, warranties, or guarantees by the United States Government, or the officers, agents and employees thereof, that the above dwelling is decent, safe and sanitary.

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





U.S. General Services Administration  
Public Buildings Service  
Center for Site Acquisition & Relocation

# Release of Property

This is to notify the U. S. General Services Administration that

I, \_\_\_\_\_, have vacated the property located

at \_\_\_\_\_

\_\_\_\_\_

on \_\_\_\_\_,

and relinquish all rights to property, real or personal, left at that address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT \_\_\_\_\_

Please date and sign above and send this form to:



business card











**United States General Services Administration  
Office of Real Estate Acquisition  
Center for Site Acquisition and Relocation**

April 2011



**GSA Public Buildings Service**