



Attachment 10-20

Sample Temporary Relocation Notice

Grantee or Agency Letterhead

(Date)

Name of Tenant
Address
City, State, Zip

Dear _____:

In the Notice of Nondisplacement we sent you on (date) , we indicated that you might be required to move out of your home temporarily in order for the necessary (rehab/repairs) to be completed. This notice is to inform you that you will be required to move out of your home on (date) for a period of (number of months – not to exceed 12 months) .

The conditions of your temporary move are as follows:

- You may identify your own temporary housing unit, but it must be inspected by the (Agency) and found to be decent, safe and sanitary. The (Agency) is also available to assist you in identifying a suitable temporary housing unit.
- If you choose to stay with a family member or friend and you pay rent during your stay, you must be able to provide the (Agency) with proof of any rental payments.
- You will be reimbursed for all out-of-pocket expenses, including the cost of moving to and from the temporary unit, of changing utilities, of storage, and increased rent.
- If there are no cooking facilities in your temporary unit, you will be provided with an adequate meal stipend.

Upon completion of the required (rehab/repairs) , you will be allowed to return to the project. The (Agency) will contact you periodically during your temporary move to update you on the status of the (rehab/repairs) and to assist you with your move back to your home. In the interim, if you have any questions or concerns about the temporary relocation process, please contact (Contact Name) at (Address) or (Telephone Number) .

Please keep this notice in your files.

Sincerely,

_____ (Authorized Signature)