Sent by: Certified Mail ☐ or Personally Served ☐

[Date]

 [Tenant Name]

[Tenant Address]

[City, State Zip]

**Re:** **URA – Notice of Non-Displacement: No Relocation Required**

[URA Case ID]

Dear [Tenant Name]:

On [Date of Tenant GIN], the [Subrecipient/Agency Name] notified you that it may provide assistance to support the rehabilitation of the unit you currently occupy at [Damaged Unit Address] (the **Unit**).

On [Program’s Award Letter Sent Date], funding for the rehabilitation of the Unit was approved and repairs are expected to begin soon. Because federal funding is involved with this project, you are protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (**URA**), as amended, 42 U.S.C. § 4601 *et seq*., and Section 104(d) of the Housing and Community Development Act of 1974 (**HCDA**), as amended, 42 U.S.C. § 5304(d). **This is a Notice of Non-Displacement to inform you that you will NOT be required to relocate either permanently or temporarily as a result of rehabilitation, reconstruction, or acquisition of the damaged Unit**. Specifically, this Notice guarantees that you will be able to continue to lease and occupy the Unit under reasonable terms and conditions.

As with all tenant agreements, both you and your landlord must continue to comply with the terms and conditions of your current lease as long as you reside in the Unit. Please note that if you do choose to move out of your current unit for your own reasons, you will not be considered displaced and will therefore not be eligible for any URA relocation assistance.

It may be necessary for you to leave your unit for a period of no more than **eight (8) hours** to allow for certain construction activities to safely proceed. Should this apply to you, you will receive a **Notice of Short-Term Housing Interruption**, **fourteen (14) calendar days** prior to the scheduled interruption, informing you of the specific timeframe for which the repairs are scheduled to occur. Such notice will provide details of the assistance for which you may qualify, including any costs incurred related to the housing interruption.

In accordance with 49 C.F.R. § 24.10, you have the right to file a written appeal with [Subrecipient/Agency Name] in any case when it is believed that [Subrecipient/Agency Name] has failed to properly determine or provide assistance under URA. If you disagree with the determination notified in this letter, you may file a written appeal to the CDBG-DR/MIT Program. Appeals must be submitted within **sixty (60) days** of the date you received this notification and must be sent in writing via electronic or postal mail to:

Email: legalCDBG@vivienda.pr.gov

Postal Mail: Puerto Rico CDBG-DR/MIT Program

 ATTN: URA Appeals-CDBG-DR/MIT Legal Division
 P.O. Box 21365

 San Juan, PR 00928-1365

If you have any questions, please contact your URA Case Manager at [URA point of contact Phoner] or by email at [URA point of contact Email]. Please keep this letter for your records.

Sincerely,

[Digital Signature]

[URA point of contact Name]

URA Case Manager

[Name of Agency/Entity/Person]