(Sent by Certified Mail with return Receipt Requested,

or personally served)

[Date]

[Tenant Name]

[Tenant Address]

[City, State Zip]

**Re: URA – Notice of Non-Displacement: Temporary Relocation Required**

[URA Case ID]

Dear [Tenant Name]:

On [Date of Tenant GIN], the [subrecipient/Agency name] notified you that the Puerto Rico Department of Housing (**PRDOH**) [Community Development Block Grant – Disaster Recovery (**CDBG-DR**) / Community Development Block Grant - Mitigation (**CDBG-MIT**)] Program (the **Program**) may provide assistance to support the rehabilitation of the unit you currently occupy at [Damaged Unit Address] (“**the** **Unit”**).

We are contacting you at this time to inform that Program funding was approved on [Program Award Date]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 permanently relocate as a result of the rehabilitation. However, you will be required to relocate temporarily for a period that will not exceed** **twelve (12)** **months in order to facilitate the rehabilitation of the Unit.** **This Notice is also to notify you that you are eligible to receive assistance for temporary relocation, effective as of the date of this notice.** [[1]](#footnote-1)

Please be aware that this is not a notice to vacate the premises. You will receive another written notice informing you at least **thirty (30) days** in advance the specific date by which you must move.

The Program will provide assistance to help you with this relocation. The relocation assistance to which you are entitled, includes:

* Relocation Advisory Services: Includes a personal interview with you to determine the relocation needs of you and your [household/business]. Relocation Specialists are available to explain the assistance for which you are eligible, the process for obtaining such assistance, and assist you with receiving relocation payments.
* Payment for Moving Expenses: The Program will provide you assistance with moving costs to the temporary unit and to return to your original unit, as well as storage costs. These must be supported by documentation detailing the costs prior to payment.
* Security Deposit: If necessary, the Program may provide a refundable security deposit for your temporary rental unit under a repayment agreement. As a condition of accepting this assistance, you agree that the Temporary Unit Landlord will refund the security deposit directly to [subrecipient/Agency name].
* Increased Housing Costs: Includes payments for the difference between actual rent plus utility costs at the temporary unit and the paid rent plus average annual utility cost incurred at your original unit. If your household receives a monthly housing subsidy, the type and amount of the subsidy will be considered when determining the increased housing cost. These costs and related security deposit must be supported by a written lease or occupancy agreement.
* Transfer and Connection Fees: If you incur transfer or connection fees charged by a utility or service provider that are associated with your temporary relocation, you may be reimbursed for these costs if they are supported by written documentation from the provider.

The Housing Counseling Program offers assistance that is beneficial to all residents of the seventy-eight (78) municipalities of Puerto Rico, free of charge. For further information please visit the Housing Counseling website at <https://www.cdbg-dr.pr.gov/en/housing-counseling/> or call 1-833-234-2324 to make an appointment.

Note that temporary replacement housing must meet U.S. Department of Housing and Urban Development (**HUD**) standards for decent, safe, and sanitary before any temporary housing payments are made.

This Notice also guarantees you the following:

* Upon completion of the rehabilitation, you will be able to lease and occupy your original place of residence under the terms and conditions enjoyed prior to your temporary relocation for at least **twelve (12)** **months**.
* Because you must move temporarily to facilitate the rehabilitation of your current dwelling, you will be reimbursed for all reasonable expenses related to the relocation as described above, so long as they are supported by written documentation from the provider. Should you be unable to cover these costs up front to be reimbursed, you may discuss alternate payment arrangements with the URA Case Manager listed at the end of this Notice.
* You will be provided at least **thirty (30) days** advance written notice of the date you will be required to move, at which time you will also be provided with comparable dwellings that you may choose, but are not required, to relocate to.

A URA Case Manager from the Program will be in contact with you soon to further discuss your eligibility for relocation assistance, housing needs, and to coordinate your temporary relocation. **We urge you not to move away from your unit or enter into a lease until you have had the opportunity to meet with your URA Case Manager. Doing so may jeopardize your entitlement to the relocation assistance described above.**

For more information about URA and relocation policies, you may review the PRDOH URA-ADP Guide found on the PRDOH website at <https://cdbg-dr.pr.gov/en/download/ura-adp-guidelines/>.

In accordance with 49 C.F.R. § 24.10, you have the right to file a written appeal with PRDOH in any case when it is believed that PRDOH has failed to properly determine or provide assistance under URA. If you disagree with this determination or decision as to your right to relocation assistance, you may appeal the decision to the Program. You will have **sixty (60) days** to file an appeal with the Program from the date a copy of this written Notification of Non-Displacement is filed for the Program, which is the same as the date of issuance found at the top of this letter. All appeals must be sent in writing by postal mail or email to:

Email: [legalCDBG@vivienda.pr.gov](mailto: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 [URA Case Manager Name] at (XXX) XXX-XXXX or by email at [XXXX@XXXXXX.com]. Please keep this letter for your records.

Sincerely,

[Digital Signature]

[URA Case Manager Name]

URA Case Manager

[Grantee or Agency Name]

1. NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to a qualifying spouse, parent, or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States. [↑](#footnote-ref-1)