

RAD FHEO Accessibility and Relocation Plan Checklist

The following checklist is required to be submitted to the RAD Transaction Manager prior to, or concurrent with, submission of the Financing Plan.

PHA Name: \_\_\_\_\_ PHA Code: \_\_\_\_\_

PIC Project Number: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_

Proposed Number of Units to be Converted: \_\_\_\_\_

PHA Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Section I: Threshold Questions**

Please check the appropriate box for the following threshold questions:

Question	Yes	No
Will the conversion of assistance impact current accessibility?		
Will the conversion of assistance result in off-site temporary relocation for any resident that will last for more than 60 days or include the transfer of assistance to another site?		

**If you answered no to both of the above questions, please skip the remaining sections of this checklist and sign the bottom of the form. In all other cases, please complete the relevant section of the checklist. For example, if you answered yes to the first question, please complete Section II, Accessibility.**

**Section II: Accessibility**

- a. Please describe how the conversion of assistance will impact accessibility. Additionally, please indicate the number of units to be converted and the units that will be accessible.

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- b. Please provide the following waiting list and occupancy data for accessible units. If the units are currently vacant, please provide the data for the most recent occupants of the project.

<b>Bedroom Size</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Other</b>	<b>Total</b>
1. Number of persons on waiting list who have requested mobility accessible units								
2. Number of persons on waiting list who have requested vision and/or hearing accessible units								
3. Number of mobility accessible units occupied by tenants with disabilities who require the features of the unit								
4. Number of hearing/vision accessible units occupied by tenants with disabilities who require the features of the unit								

- c. Please provide the distribution of all wheelchair and other accessible units that will be available in the project after RAD conversion.

<b>Bedroom Size</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Other</b>	<b>Total</b>
1. All units								
2. Total units with project-based rental assistance								
3. Mobility accessible units								
4. Vision and/or Hearing accessible units								
*5. (Total Accessible Units)								

**Section III: Relocation Plan**

- a. Please explain any plans for the relocation of current residents, including the number of residents that will need to relocate, whether the relocation is temporary or permanent and, if temporary, the expected duration of the relocation, the type and location (including census tract) of the replacement housing, how the housing qualifies as a comparable unit as defined by the URA and 49 CFR 24.2(a)(6), and the method of determining which families will be subject to such long-term temporary relocation.

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- b. List the civil rights characteristics (race, national origin, familial status, and/or disability, etc.) of the residents to be transferred off-site for greater than 60 days or permanently relocated due to a transfer of assistance, as a result of the proposed conversion

White	African American	Asian	Hispanic	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Other (e.g., Families with Children; Disabled Individuals, etc.)

Please describe :

- c. The type of housing counseling or services provided to affected families.

- d. Describe the likely housing market areas/communities where tenants will relocate through HCV assistance or other HUD assistance programs, including whether they are relocated to an area of higher opportunity, areas (e.g., areas with better schools, employment, transportation opportunities), and the extent of improved housing choices and opportunities under the relocation plan.”

\_\_\_\_\_ Name/Title \_\_\_\_\_ Date

The signature above indicates that (1) I am legally authorized to represent the agency in this matter, (2) all information provided in this checklist is true and accurate, (3) no resident shall be permanently and involuntarily relocated as a result of any conversion action associated with RAD, (4) the PHA will maintain compliance with Section 504 of the Rehabilitation Act of 1973, and HUD’s two (2%) and five (5%) percent accessibility requirements, (5) any relocation lasting under 60 days shall comply with all civil rights and fair housing requirements, including Section 504 of the Rehabilitation Act of 1973, and (6) if the proposed relocation was to be for less than 60 days and something changes requiring a period of temporary relocation longer than 60 days, I shall fill out this form again with the additional details.

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