

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.

RAD FHEO Accessibility and Relocation Plan Checklist

- 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.

Bedroom Size	0	1	2	3	4	5	Other	Total
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.

Bedroom Size	0	1	2	3	4	5	Other	Total
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.

RAD FHEO Accessibility and Relocation Plan Checklist