Claim for Temporary Relocation Expenses (Residential Moves) (Appendix A, 49 CFR 24.2(a)(9)(ii)(D))

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

See page 3 for Public Reporting Burden and

Privacy Act Statements before completing this form

For Agency Use Only — Name of Agency	Project Name or Number	Case Number

Instructions: This claim form is for the use of families and individuals applying for reimbursement of temporary relocation expenses. The Agency will assist you in completing the form. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal. The Department of Housing and Urban Development provides information on these requirements and other guidance materials on its website at www.hud.gov/relocation.

1a. Your Name(s) (You are the Claimant(s)) and Present Mailing Address

1b. Telephone Number(s)

2a. Have all members of the household moved to the same dwelling?
☐ Yes ☐ No (If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)

2b. Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to?
☐ Yes ☐ No

Dwelling	Address	When Did You Rent This Unit?	When Did You Move to This Unit?	When Did You Move Out of This Unit?
3. Unit That You Moved From				
4. Unit That You Moved To				
5. Unit That You Returned To				

6. CERTIFICATION OF LEGAL RESIDENCY IN THE UNITED STATES (Please read instructions below before completing this section.)

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, you must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation assistance.** (This certification may not have any standing with regard to applicable State laws providing relocation assistance.) **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) and (h) for hardship exceptions.

Please address only the category (individual or family) that describes your occupancy status. For Line (2), please fill in the correct number of persons.

RESIDENTIAL HOUSEHOLDS

(1) Individual.
I certify that I am: (check one)
_____ a citizen or national of the United States
_____ an alien lawfully present in the United States

(2) Family.
I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

7. DETERMINATION OF MOVING EXPENSES – MOVE TO TEMPORARY UNIT

Instructions: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a temporary housing unit. The computation table below provides you with the ability to compute your payment.

Move to Temporary Unit	(1) Commercial Move (Actual Costs)		(2) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)	
	Claimant	Agency Use	Claimant	Agency Use
(a) Moving Cost Expenses (49 CFR 24.301(g)(1-7)); see page 3 (Do not include storage costs listed separately below.)	$	$	$	$
(b) Storage cost (not to exceed 12 months)	$	$	$	$
(c) Telephone re-connection	$	$	$	$
(d) Cable/Internet re-connection	$	$	$	$
(e) Other (Explain in Remarks Section)	$	$	$	$
(f) Total (Lines 7(a) – 7(e))	$	$	$	$
(g) Amount Previously Received, if any	$	$	$	$
(h) Amount Requested (Subtract Line 7(g) from Line 7(f))	$	$	$	$
(i) Total Amount Approved by Agency (for move to temporary unit)		$		$

TO BE COMPLETED BY AGENCY

SUMMARY FOR MOVE TO TEMPORARY HOUSING UNIT

Line No.:	Amount Claimed:	Amount Recommended:	Date Paid:	Payable To:
(j) Line 7(i), Column (1)	$	$		
(k) Line 7(i), Column (2)	$	$		
(l) **Total:**	$	$		

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
(m) **RECOMMENDED**	$			
(n) **APPROVED**	$			

Remarks (Attach additional sheets, if necessary)

8. DETERMINATION OF MOVING EXPENSES – MOVE TO PERMANENT UNIT

Instructions: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a permanent housing unit. The computation table below provides you with the ability to compute your payment.

Move to Permanent Unit	(1) Commercial Move (Actual Costs)		(2) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)	
	Claimant	Agency Use	Claimant	Agency Use
(a) Moving Cost Expenses (49 CFR 24.301(g)(1-7)); see page 3	$	$	$	$
(b) Telephone re-connection	$	$	$	$
(c) Cable/Internet re-connection	$	$	$	$
(d) Other (Explain in Remarks Section)	$	$	$	$
(e) Total (Lines 8(a) – 8(d))	$	$	$	$
(f) Amount Previously Received, if any	$	$	$	$
(g) Amount Requested (Subtract Line 8(f) from Line 8(e))	$	$	$	$
(h) Total Amount Approved by Agency (for move to permanent unit)		$		$

TO BE COMPLETED BY AGENCY

SUMMARY FOR MOVE TO PERMANENT UNIT

Line No.:	Amount Claimed:	Amount Recommended:	Date Paid:	Payable To:
(i) Line 8(h), Column (1)	$	$		
(j) Line 8(h), Column (2)	$	$		
(k) Total:	$	$		

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
(l) RECOMMENDED	$	$		
(m) APPROVED	$	$		

Remarks (Attach additional sheets, if necessary)

9. MONTHLY OUT-OF-POCKET COSTS FOR TEMPORARY RELOCATION
   Costs listed on this form are for the period beginning _____ _____ and ending _____ _____ TOTAL # OF MONTHS: _____
                                           (Month/Day)   (Year)   (Month/Day)   (Year)

DETERMINATION OF RENT AND AVERAGE MONTHLY UTILITY COSTS

Instructions: To compute the payment, entries on Line 9(i) must reflect all utility services. Therefore, identify on Lines 9(b) through 9(f) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on Line 9(h).

Monthly Temporary Relocation Cost (For temporary relocation that lasts more than one month, either complete a Continuation Form for each additional month of temporary relocation or enter total claimed on Line 9(p) and explain under "Remarks."	Unit You Moved From		Unit You Moved To		Increase In Monthly Cost	Amount Approved
	(1) Claimant	(2) For Agency Use Only	(3) Claimant	(4) For Agency Use Only	(5) For Agency Use Only	(6) To Be Provided by Agency
(a) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: ☐ All utilities included ☐ Utilities not included (list on Line 9(b) to 9(f) below)	$	$	$	$	$	$
(b) Electricity	$	$	$	$	$	$
(c) Gas	$	$	$	$	$	$
(d) Water/sewer	$	$	$	$	$	$
(e) Sanitation	$	$	$	$	$	$
(f) Other	$	$	$	$	$	$
(g) Gross Monthly Rent and Utility Costs (add Lines 9(a) through 9(f))	$	$	$	$	$	$
(h) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	$	$	$	$	$	$
(i) Net Monthly Rent and Utility Costs for Month of _____ (subtract Line 9(h) from Line 9(g) above)	$	$	$	$	$	$

OTHER REASONABLE OUT-OF-POCKET EXPENSES

Instructions: You may be eligible for other reasonable out-of-pocket expenses as approved by the agency in connection with your temporary move.

Monthly Cost For Month of: _____ _____ (Month) (Year)	(1) Claimant	(2) Agency Use
(j) Per Diem for unit without cooking facilities:		

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$_____ per adult x _____ days in this month period		
$_____ per child under age 12 x _____ days in this month period	$	$
Other (e.g., increased transportation costs, boarding for pets, parking). Itemize.		
(k)	$	$
(l)	$	$
(m)	$	$
(n) Total (add lines 9(j) through 9(m))	$	$

TO BE COMPLETED BY AGENCY

SUMMARY OF MONTHLY OUT-OF-POCKET COSTS FOR TEMPORARY RELOCATION

Line No.:	Amount Claimed:	Amount Recommended:		
(o) Add Lines 9(i) Column 6 and Line 9(n) Column 2	$	$		
(p) Multiply Line 9(o) by number of months of temporary relocation (# of months: _____) or enter total amount from all Continuation Sheets, Lines 10(i) Column 6 and 10(n) Column 2	$	$		

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
(r) **RECOMMENDED**	$			
(s)**APPROVED**	$			

Remarks (Attach additional sheets, if necessary)

CERTIFICATION BY CLAIMANT(S): I certify that this claim and supporting information are true and complete and that I have not been paid for these expenses by any other source. I ask that the amounts on Line 7(n), Line 8(m) and Line 9(r), be paid to: ☐ me ☐ the contractor(s) (as specified in the Remarks Section).
Signature(s) of Claimant(s): _____ Date: _____
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Eligible Actual Residential Moving Expenses (49 CFR 24.301(g)(1-7))
1) Transportation of the displaced person and personal property. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified.
2) Packing, crating, unpacking and uncrating of the personal property.
3) Disconnecting, dismantling, removing, reassembling and reinstalling relocated household appliances and other personal property.
4) Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
5) Insurance for the replacement value of the property in connection with the move and necessary storage.
6) The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft, or damage is not reasonably available.
7) Other moving-related expenses that are not listed as ineligible under §24.301(h), as the Agency determines to be reasonable and necessary.

Public reporting burden for this collection of information is estimated to average 60 minutes per response. This includes the time for collecting, reviewing and

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reporting the data. The information is being collected under the authority of the Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 34, 408 to determine if you are eligible to receive a payment for temporary moving expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a valid OMB control number. Confidentiality is not assured.

This information is needed to determine whether you are eligible to receive a payment for temporary moving expenses. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 34, 408.

[CONTINUATION SHEET]

Claim for Temporary Relocation
Expenses (Residential Moves)
(Appendix A, 49 CFR 24.2(a)(9)(ii)(D))

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

10. CONTINUATION SHEET FOR EACH ADDITIONAL MONTH OF TEMPORARY RELOCATION
  Costs listed on this form are for the period beginning _____ _____ and ending _____ _____ **TOTAL # OF MONTHS: _____**
  (Month/Day)   (Year)   (Month/Day)   (Year)

DETERMINATION OF RENT AND AVERAGE MONTHLY UTILITY COSTS

Instructions: To compute the payment, entries on Line (i) must reflect all utility services. Therefore, identify on Lines 10(b) through 10 (f) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on Line 10(h).

Temporary Relocation Cost for Periods That Exceed One Month (For temporary relocation that lasts more than one month, complete this Continuation Form for each additional month of temporary relocation.	Unit You Moved From		Unit You Moved To		Increase In Monthly Cost	Amount Approved
	(1) Claimant	(2) For Agency Use Only	(3) Claimant	(4) For Agency Use Only	(5) For Agency Use Only	(6) To Be Provided by Agency
(a) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: ☐ All utilities included ☐ Utilities not included (list on Lines 10 (b) to 10(f) below)	$	$	$	$	$	$
(b) Electricity	$	$	$	$	$	$
(c) Gas	$	$	$	$	$	$
(d) Water/sewer	$	$	$	$	$	$
(e) Sanitation	$	$	$	$	$	$
(f) Other	$	$	$	$	$	$
(g) Gross Monthly Rent and Utility Costs (add Lines 10(a) through 10(f))	$	$	$	$	$	$
(h) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	$	$	$	$	$	$
(i) Net Monthly Rent and Utility Costs for Month of _____ (subtract Line 20(h) from Line 10(g) above)	$	$	$	$	$	$

OTHER REASONABLE OUT-OF-POCKET EXPENSES

Instructions: You may be eligible for other reasonable out-of-pocket expenses as approved by the agency in connection with your temporary move.

Monthly Cost For Month of: _____ _____ (Month) (Year)	(1) Claimant	(2) Agency Use
(j) Per Diem for unit without cooking facilities: $_____ per adult x _____ days in this month period $_____ per child under age 12 x _____ days in this month period	$	$
Other (e.g., increased transportation costs, boarding for pets, parking). Itemize. (k)		
(l)	$	$
(m)	$	$
(n) Total (add lines 10(j) through 10(m))	$	$