

Monitoring Review

Residential Tenant Not Receiving a Replacement Housing Payment

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Grantee		Name of Tenant	Telephone Number
Name of Program		Address Before Project / Program	
Name & Number of Project		Address After Project / Program	
Parcel Number	Case Number		

Residential Occupant Characteristics (Check as appropriate)

<input type="checkbox"/> Family	<input type="checkbox"/> Male	<input type="checkbox"/> Under 65	<input type="checkbox"/> Alaskan Native or Amer. Indian	Check one: <input type="checkbox"/> Tenant occupies dwelling in building/complex after project is completed.
<input type="checkbox"/> Individual	<input type="checkbox"/> Female	<input type="checkbox"/> 65 & over	<input type="checkbox"/> Asian or Pacific Islander	
No. Adults:	No. Children:	Total:	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> Tenant does not occupy a dwelling in the building / complex. Explain below.
			<input type="checkbox"/> White <input type="checkbox"/> Other	

General (Questions 1 to 12)

1. Date of submission of application for financial assistance, or date of site control, if later:	
2. Date of written general information notice:	
3. Date of initiation of negotiations:	
4. Date of notice of nondisplacement:	
5. Date of grantee inspection determining the dwelling unit to be decent, safe and sanitary: (Note: Grantee inspection not required if Paragraph 1-8c(5) of Handbook 1378 applies or dwelling is not rehabilitated.)	
6. Date dwelling in building/complex became available:	
7. Monthly rent before project and estimated current utility costs:	\$
8. Monthly rent & estimated utility costs promised upon project completion (find in notice of nondisplacement):	\$
9. Actual monthly rent and estimated utility costs upon project completion:	\$
10. If applicable, check one and complete: <input type="checkbox"/> TTP <input type="checkbox"/> 30% of gross income	\$
11. Was housing subsidy provided? If yes, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Were any terms and conditions of tenant's post-project occupancy unreasonable? If yes, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Permanent Move within Building/Complex (Questions 15 & 16)

15. Was tenant reimbursed for all out-of-pocket costs? If no, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Were any other terms or conditions of the move unreasonable? If yes, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Temporary Relocation (Questions 17 to 23)

17. Address of temporarily occupied unit:	
18. Date of move to temporary housing:	
19. Date of move from temporary housing:	
20. Was the temporary housing decent, safe, sanitary? If no, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Was the tenant reimbursed for all out-of-pocket moving expenses incurred in moving to and from the temporarily occupied unit? If yes, indicate amount received. \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
22. Was the tenant reimbursed for increased housing expenses in connection with the temporary relocation? If yes, indicate amount received. \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
23. Were any other conditions of the temporary relocation unreasonable? If yes, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appeal (Questions 13 & 14)

13. Did the tenant file an appeal with the grantee? If yes, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did the tenant file an appeal with the HUD Field Office? If yes, explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation / Additional Action (Continue on back of page if needed)

Title & Signature of Reviewer		Did reviewer inspect the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain conclusion.	Did reviewer interview tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate why.
Date			



