

# **Part 5: The Home Program Materials**

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## HOME Program Rents and Incomes

The most recent HOME Program Rents and Incomes can be downloaded from the web at:

[http://www.oregon.gov/ohcs/pages/hpm\\_income\\_limits.aspx](http://www.oregon.gov/ohcs/pages/hpm_income_limits.aspx).

### HOME APPLICATION CHECKLIST

Complete this checklist and **return it with the application**.

	Yes (X)	No (X)	N/A (X)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this project consist of permanent housing (not shelter)?			
Does this project consist of long-term transitional housing? (If yes, a plan for moving tenants to self-sufficiency is required to be submitted with this application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Applicant applying under the 15% CHDO set-aside? (If yes, there will be additional requirements requested if funded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a new construction project with 5 or more units, or if a rehabilitation project with 15 or more units, do the specs or plans address Section 504 accessibility requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the project architect's Section 504 certification included with this application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are 5% of <u>total</u> units (not just HOME units) accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are an additional 2% of <u>total</u> units accessible for sight and hearing impaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write in the number of accessible units in the project.			
	Yes (X)	No (X)	N/A (X)
<b>If the project involves occupied units:</b>			
Does either a residential or commercial tenant currently occupy the property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a tenant survey been completed for each unit or commercial space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are proposed project rents greater than 30% of tenant's income? (If yes, then tenants may be economically displaced, triggering full URA benefits which must be included in the project's proforma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a General Information Notice sent to each tenant? (Attach copies signed and dated by each tenant listed on the Existing Tenant Survey)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will any tenants - commercial or residential - be temporarily displaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many?			

Will any tenants - commercial or residential - be permanently displaced?

If yes, how many? \_\_\_\_\_

Have funds been budgeted for relocation and are they reflected in the "Uses" pro forma page? (If yes, write in the amount) \$ \_\_\_\_\_

**Historic Significance:** Yes (X) No (X) N/A (X)

Are there any existing structures on the project site?

What is the age of the improvements? \_\_\_\_\_

Will the structures be "retained" or "demolished?" \_\_\_\_\_

If "retained," do the plans or specs include any work that might interfere with the historic integrity of the structure(s)?

\*If any improvements are over 50 years old, the project must be reviewed by the State Historic Preservation Office (SHPO). OHCS will contact SHPO for you.

**If the project includes acquisition of land or improvements:** Yes (X) No (X) N/A (X)

Was either URA notice 5A or 5B issued to seller?

Was URA notice 5D completed and signed by the seller?

If the land purchase has closed, was URA notice 5C issued to the seller?

Was an appraisal obtained to support notice 5C?

(Notice 5A or 5B and 5D signed by seller must be submitted with this Application. If acquisition has closed, Notice 5C and 5D must be submitted with the Application (sample forms attached).

If project is located in the Cities of Medford or Ashland, was a letter submitted from the City indicating that the project is consistent with their Consolidated Plan?

**Determining the One-for-One Replacement Housing requirement:** Yes (X) No (X) N/A (X)

Are there affordable housing units being eliminated due to development of this project?

If yes, how many bedrooms are in the housing to be eliminated?

Describe how the eliminated housing will be replaced in the proposed project:

Calculating the minimum number of HOME assisted units\*

\*OHCS will determine the final number of HOME assisted units required in the project

- (a) Total Project Cost amount \$ \_\_\_\_\_
- Less Offsite costs \$( \_\_\_\_\_ )
- Less Community building costs (if detached from housing) \$( \_\_\_\_\_ )
- Less Commercial space costs \$( \_\_\_\_\_ )

Total HOME eligible cost amount ☐ \$ \_\_\_\_\_

(b) HOME request amount ☐ \$ \_\_\_\_\_

(c) HOME request divided by HOME eligible costs equals percentage of units which are HOME-assisted.

Line (b) ÷ Line (a) = Percentage

\_\_\_\_\_ ÷ \_\_\_\_\_ = % ☐ \_\_\_\_\_ %

(d) Total number of units in project times the percentage of HOME Assisted units equals minimum number of HOME-assisted units.

Total units x Line (c) = number of HOME units

\_\_\_\_\_ x \_\_\_\_\_ = ☐ \_\_\_\_\_

(e) Verify the HOME Subsidy Limit, based on the number of HOME-assisted units in Line (d), equals or exceeds the HOME request. The HOME Subsidy can be found in the HOME rent section.

(HOME subsidy per unit type times number of HOME-assisted units)

\$ \_\_\_\_\_ (Subsidy limit for \_\_\_\_\_ bedroom unit) x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ \_\_\_\_\_ (Subsidy limit for \_\_\_\_\_ bedroom unit) x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ \_\_\_\_\_ (Subsidy limit for \_\_\_\_\_ bedroom unit) x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ \_\_\_\_\_ (Subsidy limit for \_\_\_\_\_ bedroom unit) x \_\_\_\_\_ = \$ \_\_\_\_\_

☐

(f) HOME subsidy total from Section 2(e) equals or exceeds HOME request from Line 2(b)? If not, recalculate and increase number of HOME units in Section 2(e). \_\_\_\_\_

(g) Minimum number of HOME-assisted units (greater of Lines 2(d) or 2(e) new total) \_\_\_\_\_

(h) New % of HOME-assisted units? (if different from 2(C) above) \_\_\_\_\_ %

**Davis-Bacon applies if either:**

Yes (X)    No (X)    N/A

The minimum number of HOME-assisted units from Line 2(g) is 12 or more or

The project is utilizing CDBG funds and has 8 or more units.

If yes to either of the above, do the Sources and Uses reflect labor costs based on Davis-Bacon rates?

**Calculating HOME match: (a 25% non-federal match is required)**

(a) HOME \$ request  \$ \_\_\_\_\_  
\_\_\_\_\_ x.25

(b) Match Requirement  \$ \_\_\_\_\_

Indicate each source and amount of match to the HOME funds

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
(c) Total match resources Total  \$ \_\_\_\_\_

If less than 50% of the total units in the project are HOME assisted, multiply 3(c) by the % of HOME assisted units in the project.

If 50% or more of the total units in the project are HOME assisted, then 100% of match can be credited. X \_\_\_\_\_ %

(d) Total eligible match  \$ \_\_\_\_\_

In the table below, provide information on the rents and numbers of HOME-assisted units:

**Rent in HOME Assisted Units**

# of Home-Assisted Units	BDR Size	% of Median	Combined rent & tenant-paid utilities	Low Home Rent	High Home Rent

	Yes (x)	No (x)
Are the HOME-assisted units dispersed throughout the project?	<input type="checkbox"/>	<input type="checkbox"/>
Number of separate buildings in the project? _____		
Number of HOME units in each building? _____		
Are HOME-assisted units distributed by bedroom size?	<input type="checkbox"/>	<input type="checkbox"/>
For example, if a project contains 2 and 3 bedroom units and 16% of the 2-bedroom units are HOME-assisted, then 16% of the 3-bedroom units should be HOME assisted.		
Are there 5 or more HOME assisted units in the project?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Do at least 20% of the HOME-assisted units have rents at or below the low HOME limits?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes (X)	No (X)    N/A (X)
Are the HOME funds being used with LIHTC?	<input type="checkbox"/>	<input type="checkbox"/>
Are the HOME funds being granted?	<input type="checkbox"/>	<input type="checkbox"/>
Are HOME funds being loaned to the owner entity or partnership?	<input type="checkbox"/>	<input type="checkbox"/>

If HOME will be loaned to the recipient, or if the recipient will loan the HOME to the partnership, please provide terms of the loan below and be sure that the loan is listed under "Other Debt" on the Housing Operating Budget – Expenses pro forma page.

HOME Grant Request	HOME loan Amount	If loan, Interest Rate	Term of Loan
\$ _____	\$ _____	_____ %	_____

Lead Paint Questionnaire

(Applicable to acquisition/rehabilitation project built prior to 1978)

What year was the project built?

Yes (x)    No (x)

Has it been tested for presence of lead paint?

  

If yes, by whom? \_\_\_\_\_

Date of test? \_\_\_\_\_

If not, what are the plans for doing so and when?

How much was budgeted for lead paint assessment, stabilization and final clearance?  
*(should be included in Uses of Funding)* What method was employed to arrive at the budget figure?

How much has been budgeted for temporary relocation of tenants during lead paint work?  
*(should be included in Uses of Funding)* What method was employed to arrive at the budget figure?

Is a lead paint plan included in your Rehabilitation Assessment?

Yes (x)    No (x)

Notes to Grantee:

- Re-type this notice on the Grantee or Organization letterhead
- A copy of either Guide form 5A or 5B must be signed by the prospective seller and submitted with this Application for any HOME project in which land purchase is involved.
- Use this notice only if a purchase agreement has not yet been signed at time of application.
- If this notice is used, Form 5B can be disregarded

**Sample**

**Notice of Disclosure to Seller with Purchase Offer**

Dear \_\_\_\_\_:

This is to inform you that  (agency/purchaser)  would like to purchase the property located at (Street Address or other property identification), if a satisfactory agreement can be reached. We are prepared to pay \$\_\_\_\_\_ for clear title to the property under the conditions described in the attached proposed (option/or sales agreement).

Because federal funds from the HOME Program may be used in the project, either for acquisition, rehabilitation, or new construction, we are required to disclose to you the following information:

1. This agency does not have the power of eminent domain. Your property will not be acquired through condemnation. If negotiations fail to result in an amicable purchase agreement, your property will not be acquired.
2. We are also required to inform you, in writing, of the fair market value of the property. The estimated fair market value will be determined by a fee appraisal or other approved means. You will be informed of the fair market value when it is established. At that time you may withdraw from the transaction.
3. The HOME program requires that the purchase price be justifiable if not comparable to the fair market value of the property.
4. If in addition to being the seller of the property, you occupy the property, you should be aware that you will not be eligible for relocation assistance under the Uniform Relocation and Real Property Acquisition Policies Act of 1970, as amended. This transaction is considered a voluntary arm's length transaction.

If you are willing to sell the property based on the above disclosures, please sign this letter and return it to this agency within 10 days. It is also our understanding that no tenants are occupying the property. If this is incorrect, please provide us with the names of the tenant-occupants of the property.

If you have any questions, please contact (grantee contact person) at (phone number).

Sincerely,

\_\_\_\_\_

\_\_\_\_\_

Name/Title

Date

I accept the conditions of this purchase offer disclosure.

\_\_\_\_\_ Seller

Notes to Grantee:

- Re-type this notice on the Grantee or Organization letterhead
- A copy of either Guideform 5A or 5B must be submitted with this application for any HOME project in which land purchase is involved.
- Use this notice only if a signed purchase agreement exists at time of Application and Form 5A was not given

**Notice of Disclosure to Seller  
After Purchase Offer Has Been Executed**

Dear \_\_\_\_\_:

This is a follow up to the purchase agreement that (agency/purchaser) has with you for the purchase of the property located at Street Address or other property identification.

**Sample**

Because federal funds from the HOME Program may be used in this project, either for acquisition, rehabilitation, or new construction, we are required to disclose to you the following information.

1. This agency does not have the power of eminent domain. Your property will not be acquired through condemnation. If negotiations fail to result in an amicable purchase agreement, your property will not be acquired.
2. We have offered and you have accepted a price of \$\_\_\_\_\_ for this property. We are also required to inform you, in writing, of the fair market value of the property. The estimated fair market value will be determined by a fee appraisal or other approved means. You will be informed of the fair market value when it is established. At that time you may withdraw from the transaction.
3. The HOME program requires that the purchase price be justifiable if not comparable to the fair market value of the property.
4. If in addition to being the seller of the property, you occupy the property, you should be aware that you will not be eligible for relocation assistance under the Uniform Relocation and Real Property Acquisition Policies Act of 1970, as amended. This transaction is considered a voluntary arm's length transaction.

If you are willing to sell the property based on the above disclosures, please sign this letter and return it to this agency within 10 days. It is also our understanding that no tenants are occupying the property. If this is incorrect, please provide us with the names of the tenant-occupants of the property.

If you have any questions, please contact (grantee contact person) at (phone number).

Sincerely,

\_\_\_\_\_

Name/Title Date

I accept the conditions of this purchase offer disclosure.

\_\_\_\_\_ (Seller)

Form 5C

Notes to Grantee:

- Re-type this notice on the Grantee or Organization letterhead
- **Must be used as a follow-up notice to Form 5A or 5B once fair market value has been determined.**
- A copy of Guideform 5C must be submitted with this application for any HOME project in which land purchase has occurred. The information necessary to provide this notice to the seller may not be available at time of Application. It will be required that the notice be executed either before or at escrow closing.
- Fair market value (with comparatives) shall be determined and reported in writing by a licensed appraiser or real estate broker. Include only the summary and comparative portions of the appraisal. You may be asked for more information later if necessary.
- Any project which includes HOME funds may not pay more than appraised fair market value for any acquisition.

**Notice of Disclosure to Seller of Fair Market Value**

Dear \_\_\_\_\_ :

**Sample**

This is a follow up to the purchase agreement that (*agency/purchaser*) has with you for the purchase of the property located at (*street address or other property identification*).

This is to inform you that the fair market value for the property has been established at \$ \_\_\_\_\_. This value was determined by a (*fee appraisal or broker estimation*).

As previously notified, we are prepared to purchase the property for \$ \_\_\_\_\_ , which is the lesser of the following:

\$ \_\_\_\_\_ , the agreed upon purchase price; or,

\$ \_\_\_\_\_ , the fair market value.

If you are still willing to sell the property based on the above disclosures, please sign this letter and return it to this agency within 10 days. If you have any questions, please contact (*name*) at (*phone number*).

Sincerely,

\_\_\_\_\_

\_\_\_\_\_

Name/Title

Date

I accept the conditions of this fair market value disclosure.

\_\_\_\_\_

\_\_\_\_\_

Seller

Date

**Notice – Seller’s Occupancy Certification:**

- To be completed by and signed by the Seller of the Property at the time an option or earnest money agreement is executed.
- Type the certification below on Grantee or Organization letterhead.
- Submit a completed and signed copy with the application for HOME funds.

I / We the Seller(s) of the property located at: \_\_\_\_\_

Certify that:

\_\_\_\_\_ No tenant(s) has/have occupied the property for a period of one year prior to the date of this purchase or option to purchase contract.

\_\_\_\_\_ This property was occupied by tenant(s) within the past year prior to the date of this purchase or option to purchase contract, but the tenant(s) was/were not asked to move in order for me/us, as seller(s), to participate in this acquisition transaction. The tenant(s) moved for one of the following reasons(s):

Tenant One: \_\_\_\_\_ Evicted for Cause, \_\_\_\_\_ Voluntarily Moved, \_\_\_\_\_ Other\*

Tenant Two: \_\_\_\_\_ Evicted for Cause, \_\_\_\_\_ Voluntarily Moved, \_\_\_\_\_ Other\*

Tenant Three: \_\_\_\_\_ Evicted for Cause, \_\_\_\_\_ Voluntarily Moved, \_\_\_\_\_ Other\*

Attach additional information as necessary.

\*Explain Other Move(s): \_\_\_\_\_

The property is tenant occupied, and I / We agree to allow egress / ingress to the site so that the required notices can be delivered to each resident, and that each resident can be surveyed to determine their eligibility or replacement housing needs and related moving costs.

**NOTE: If the property is tenant occupied, and the buyer is not allowed access to obtain the required information and serve the required tenant notices, the offer may be withdrawn once the complexity and cost of tenant relocation has been determined.**

**Signature of Seller(s)**

\_\_\_\_\_

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

\_\_\_\_\_

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

**Sample**

**Form 1A**

**GENERAL INFORMATION NOTICE - acquisition/rehabilitation projects**

**FOR RESIDENTIAL TENANTS WHOSE FUTURE DISPLACEMENT STATUS  
IS UNKNOWN AT TIME OF APPLICATION**

Type the letter below on Grantee or Organization letterhead and send/deliver prior to application

Notes to Grantee:

1. The project records must indicate the manner in which this notice was delivered (e.g., personally served or certified mail-return receipt requested) and the date of delivery.
2. This is a guideform. It may be revised to reflect the circumstances.

Date

Dear \_\_\_\_\_ :

\_\_\_\_\_(Applicant)\_\_\_\_ has submitted an application for federal HOME Investment Partnership Program funds to acquire and rehabilitate the property you occupy at \_\_\_\_\_(address, unit #)\_\_\_\_\_ .

This notice is to inform you of your rights under federal law. If the funding is provided and the building is acquired and/or rehabilitated, it is not known at this time if you will have to move. Soon we will begin the process of determining eligibility. **DO NOT MOVE NOW**. This is **not** a notice to vacate the premises. If you elect to move for reasons of your own choice, you will not be provided possible relocation assistance.

**NON-DISPLACEMENT**

If \_\_\_\_\_(Applicant)\_\_\_\_\_ receives federal HOME Investment Partnerships Program funds, and if it is determined that you **will not be** required to move by this action, then you will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same apartment complex) upon completion of the rehabilitation. Of course, you must comply with standard lease terms and conditions.

After the rehabilitation, your initial rent, including the estimated average monthly utility costs, will not exceed the greater of (a) your current rent/average utility costs, or (b) 30 percent of your average monthly gross household income. If you must move temporarily so that the rehabilitation can be



## Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

### Lead Warning Statement

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a Federally approved pamphlet in lead poisoning prevention.*

### Lessor's Disclosure *(initial)*

\_\_\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards *(check one below)*

Known lead-based paint and/or lead-paint hazards are present in the housing *(explain)*

\_\_\_\_\_

Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

\_\_\_\_\_ (b) Records and reports available to the lessor *(check one below)*

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. *(List documents below)*

\_\_\_\_\_

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

### Lessee's Acknowledgement *(initial)*

\_\_\_\_\_ (c) Lessee has received copies of all information listed above.

\_\_\_\_\_ (d) Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

**Agent's Acknowledgement** *(initial)*

\_\_\_\_\_ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the

information provided by the signatory is true and accurate.

_____		_____	
Lessor	Date	Lessor	Date
_____		_____	
Lessee	Date	Lessee	Date
_____		_____	
Agent	Date	Agent	Date

## Declaración de Información sobre Pintura a Base de Plomo y/o Peligros de la Pintura a Base de Plomo

### Declaración sobre los Peligros del Plomo

*Las viviendas construidas antes del año 1978 pueden contener pintura a base de plomo. El plomo de pintura, pedazos de pintura y polvo puede representar peligros para la salud si no se maneja apropiadamente. La exposición al plomo es especialmente dañino para los niños jóvenes y las mujeres embarazadas. Antes de alquilar (rentar) una vivienda construida antes del año 1978, los arrendadores tienen la obligación de informar sobre la presencia de pintura a base de plomo o peligros de pintura a base de plomo conocidos en la vivienda. Los arrendatarios (inquilinos) también deben recibir un folleto aprobado por el Gobierno Federal sobre la prevención del envenenamiento de plomo.*

### Declaración del Arrendador

(a) Presencia de pintura a base de plomo y/o peligros de pintura a base de plomo (marque (i) ó (ii) abajo):

(i) \_\_\_\_\_ Confirmado que hay pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (explique).

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(ii) \_\_\_\_\_ El arrendador no tiene ningún conocimiento de que haya pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

(b) Archivos e informes disponibles para el vendedor (marque (i) ó (ii) abajo):

(i) \_\_\_\_\_ El arrendador le ha proporcionado al comprador todos los archivos e informes disponibles relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (anote los documentos abajo)

---

(ii) \_\_\_\_\_ El arrendador no tiene archivos ni informes relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

**Acuse de Recibo del Arrendatario o Inquilino (inicial)**

(c) El arrendatario ha recibido copias de toda la información indicada arriba.

(d) El arrendatario ha recibido el folleta titulado *Proteja a su Familia del Plomo en Su Casa*.

**Acuse de Recibo del Agente (inicial)**

(e) El agente le ha informado al arrendador de las obligaciones del arrendador de acuerdo con 42 U.S.C.

4852(d) y esta consciente de su responsabilidad de asegurar su cumplimiento.

**Certificación de Exactitud**

Los partes siguientes had revisado la información que aparece arriba y certifican que, según su entender, toda la

información que had proporcionado es verdadera y exacta.

_____	_____	_____	_____
Arrendador	Fecha	Arrendador	Fecha
_____	_____	_____	_____
Arrendatario	Fecha	Arrendatario	Fecha
_____	_____	_____	_____
Agente	Fecha	Agente	Fecha

**GENERAL INFORMATION NOTICE**

**RESIDENTIAL TENANTS THAT WILL BE DISPLACED DUE TO PROJECT**

**( acquisition/ rehab. )**

**Type the letter below on Grantee or Organization letterhead.**

(Send prior to Application).

Notes to Grantee:

- The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail-return receipt requested) and the date of delivery.

This is a guideform. It may be revised to reflect the circumstances.

Date

Dear \_\_\_\_\_ :

\_\_\_\_\_(Applicant)\_\_\_\_ has submitted an application for federal HOME Investment Partnership Program funds to acquire and rehabilitate the property you occupy at \_\_\_\_\_(address, unit #)\_\_\_\_\_ .

This notice is to inform you of your rights under Federal law. If \_\_\_\_\_(applicant)\_\_\_\_\_ receives funding to acquire and rehabilitate the property, and you are displaced as a direct result of the project, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. However, **do not move now**. This is **not** a notice to vacate the premises. You should continue to pay your monthly rent to \_\_\_\_\_(landlord)\_\_\_\_\_, because a failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance. **You are urged not to move or sign any agreement to purchase or lease a new unit before receiving formal notice of the eligibility for relocation assistance.** If you move or are evicted before receiving such notice, you may not receive any assistance. Please contact us before you make any moving plans.

If \_\_\_\_\_(applicant)\_\_\_\_\_ receives federal HOME Investment Partnership Program funds to acquire and rehabilitate the property and you are eligible for relocation assistance, you will be given advisory services, including referrals to replacement housing, and at least 90 days advance written notice of the date you will be required to move. You would receive a payment for moving expenses and may be eligible for financial assistance to help you rent or buy a replacement house. This assistance is more fully explained in the enclosed brochure, "Relocation Assistance to Tenants Displaced from Their Homes."

If for any reason other persons move into this unit with you after this notice, your assistance may be reduced. If you have any questions, please contact   (applicant)   at   (phone)   ,   (address)  .

Again, this is not a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance. If   (applicant)   is not approved for funding from the federal HOME Investment Partnerships Program, you will be notified in writing.

Sincerely,

  (name and title)  

Enclosure

-----

I acknowledge receipt of and agree to the conditions of the above notice.

\_\_\_\_\_

Name (please print) and signature of tenant

Date

**Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards**

**Lead Warning Statement**

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**Lessor's Disclosure (initial)**

\_\_\_\_\_ (a) Presence of lead-based paint or lead-based paint hazards (*check one below*)

Known lead-based paint and/or lead-paint hazards are present in the housing (*explain*)

\_\_\_\_\_

Lessor has no knowledge of lead-based paint and/or lead based paint hazards in the housing.

\_\_\_\_\_ (b) Records and reports available to the lessor (*check one below*)

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (*List documents below*)

\_\_\_\_\_

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgement (initial)**

\_\_\_\_\_ (c) Lessee has received copies of all information listed above.

\_\_\_\_\_ (d) Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

**Agent's Acknowledgement** (*initial*)

\_\_\_\_\_ (e) Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the

information provided by the signatory is true and accurate.

_____		_____	
Lessor	Date	Lessor	Date
_____		_____	
Lessee	Date	Lessee	Date
_____		_____	
Agent	Date	Agent	Date

## Declaración de Información sobre Pintura a Base de Plomo y/o Peligros de la Pintura a Base de Plomo

### Declaración sobre los Peligros del Plomo

*Las viviendas construidas antes del año 1978 pueden contener pintura a base de plomo. El plomo de pintura, pedazos de pintura y polvo puede representar peligros para la salud si no se maneja apropiadamente. La exposición al plomo es especialmente dañino para los niños jóvenes y las mujeres embarazadas. Antes de alquilar (rentar) una vivienda construida antes del año 1978, los arrendadores tienen la obligación de informar sobre la presencia de pintura a base de plomo o peligros de pintura a base de plomo conocidos en la vivienda. Los arrendatarios (inquilinos) también deben recibir un folleto aprobado por el Gobierno Federal sobre la prevención del envenenamiento de plomo.*

### Declaración del Arrendador

(a) Presencia de pintura a base de plomo y/o peligros de pintura a base de plomo (marque (i) ó (ii) abajo):

(i) \_\_\_\_\_ Confirmado que hay pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (explique).

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(ii) \_\_\_\_\_ El arrendador no tiene ningún conocimiento de que haya pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

(b) Archivos e informes disponibles para el vendedor (marque (i) ó (ii) abajo):

(i) \_\_\_\_\_ El arrendador le ha proporcionado al comprador todos los archivos e informes disponibles relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda (anote los documentos abajo)

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- (ii) \_\_\_\_\_ El arrendador no tiene archivos ni informes relacionados con pintura a base de plomo y/o peligro de pintura a base de plomo en la vivienda.

**Acuse de Recibo del Arrendatario o Inquilino (inicial)**

- (c) El arrendatario ha recibido copias de toda la información indicada arriba.
- (d) El arrendatario ha recibido el folleto titulado *Proteja a su Familia del Plomo en Su Casa*.

**Acuse de Recibo del Agente (inicial)**

- (e) El agente le ha informado al arrendador de las obligaciones del arrendador de acuerdo con 42 U.S.C. 4852(d) y esta consciente de su responsabilidad de asegurar su cumplimiento.

**Certificación de Exactitud**

Los partes siguientes had revisado la información que aparece arriba y certifican que, según su entender, toda la información que had proporcionado es verdadera y exacta.

_____	_____	_____	_____
Arrendador	Fecha	Arrendador	Fecha
_____	_____	_____	_____
Arrendatario	Fecha	Arrendatario	Fecha
_____	_____	_____	_____
Agente	Fecha	Agente	Fecha

**Form 2A**

**NOTICE TO PROSPECTIVE TENANTS**

***Type the letter below on Grantee or Organization Letterhead.***

*(Provide to every prospective tenant after Application submitted  
and General Information Notices sent)*

Note to Grantee:

- 1. Give this notice to any prospective tenant, in person, at the time he/she inquires about renting a vacant unit, and/or prior to that individual signing a lease or rental agreement.**

A good idea is to also include the above information in the actual lease agreement and have the tenant initial beside the paragraph acknowledging receipt.

- 2. This is a guideform. It may be revised to reflect the circumstances.**

(Date)

Dear Prospective Tenant:

On (date) , (agency/owner) submitted an application for financial assistance to (acquire, rehabilitate, demolish, convert) the building(s) at (address) . Because Federal funds are being used in this project, the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) of 1970, as amended (URA) applies for tenants in residence at time of application. However, as a new tenant, you will not be eligible for relocation benefits under the URA.

This notice is to inform you of the following information **before you enter into any lease agreement and occupy a unit at the above address:**

You may be displaced by the project.

You may be required to relocate temporarily.

You may be subject to a rent increase.

You will not be entitled to any relocation benefits provided under the URA. If you have to move or your rent is increased as a result of the above project, you will not be reimbursed for any such rent increase or for any costs or expenses incurred by you in connection with a move as a result of the project.

Please read this notification carefully prior to signing a rental agreement and moving into the project. If you should have any questions about this notice, please contact (contact person) at (address and phone number). Once you have read and have understood this notice, please sign the statement below if you still desire to lease the unit, either today or in the future.

Sincerely,

Name and title

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I have read the above information and understand the conditions under which I am moving into this project.

\_\_\_\_\_

Printed tenant name

\_\_\_\_\_

Tenant signature

\_\_\_\_\_

Date

\_\_\_\_\_

Address and unit number

**Form 2B**

**REQUIRED OF EVERY TENANT WHO MOVES OF HIS/HER OWN FREE WILL.**

**Type the form below on grantee or organization letterhead.**

**(Obtain this completed form prior to tenant moving out).**

**VERIFICATION OF TENANT VACATION**

**Owner/Manager complete the following:**

Date \_\_\_\_\_

Project Name \_\_\_\_\_

Property Address \_\_\_\_\_

Manager's Name \_\_\_\_\_

Tenant's Name \_\_\_\_\_

Tenant's Address \_\_\_\_\_

Date Moved In: \_\_\_\_\_ Moved Out \_\_\_\_\_

**Tenant complete the following:**

Tenant's Name \_\_\_\_\_

New address \_\_\_\_\_

Telephone \_\_\_\_\_

Briefly explain why you are moving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am moving from this project of my own free will and have not been displaced by the project and I will have no claim against the owner or Oregon Housing and Community Services for being displaced, as defined by the Uniform Relocation Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Manager Signature

