DATE

DISPLACEE NAME AND ADDRESS

Project: xxx

Parcel: xxx

**Subject: 90-Day Assurance, Rental Assistance Payment & Relocation Eligibility**

Dear (Tenant-Occupant Name):

The Louisiana Department of Transportation and Development (Department) is in the process of acquiring the property you now occupy. You have been provided with a copy of the Department’s brochure ***Acquisition of Right of Way and Relocation Assistance***. This brochure explains the Relocation Assistance Program and the relocation assistance payments and services to which you may be entitled. Relocation payments are made in addition to any payments you will receive for acquisition of improvements you own, however, except in hardship cases, no payment can be made before the Department has paid the property owner.

Negotiations to purchase the property were initiated with the property owner on (Date of ION).

The maximum Rental Assistance Payment (RAP) you may be entitled to receive as a rental/utility subsidy under the Relocation Assistance Program is $\_\_\_\_\_\_\_\_\_\_\_, this is based on monthly rent and estimated utility costs of a dwelling that is comparable to the dwelling you now occupy. Your RAP is based on ($ Amt. Comp. Rent + $ Amt. Estimated Utilities) for a dwelling located at *(Comparable Address)*, which is comparable to the one from which you are being displaced. You will be entitled to this supplement if you meet the eligibility requirements outlined the brochure and you rent and physically occupy this dwelling or one that has the same or greater/estimated utility costs. If you rent a replacement that costs less than this amount, but more than your current monthly rental/utility costs of ($ Amt. Displacement Rent + $ Amt. Est. Displacement Utilities), your supplement will be reduced accordingly. The Department’s Relocation Specialist will tell you the exact amount you will be entitled to for the replacement dwelling you choose. The Department shall provide transportation to inspect the above-indicated comparable dwelling upon request.

Should you choose to purchase rather than rent a replacement home, you should notify the Department’s agent of your intention. The Agent will determine if you are eligible for a down payment supplement.

In addition to the RAP, you may also be entitled to reimbursement of your moving costs as explained in the brochure. These costs are limited to moving your personal property only.

For you to be eligible for a Rental Assistance Payment (RAP), your replacement home must conform to the requirements for decent, safe and sanitary housing. To insure your replacement home meets the required standards, we suggest you have it inspected by the Department before entering into a contract for rental or purchase. If this is not possible, we suggest a provision be included in the earnest money contract for the replacement property that the contract is valid ONLY if the property passes a decent, safe and sanitary inspection by the Department.

If you are dissatisfied with a determination as to your eligibility for a payment or with the amount of a relocation assistance payment, you may appeal the Department’s determination, as explained in the brochure. If you are not satisfied with the appeal decision, you have the right to seek judicial review.

This letter is your assurance that you will not be required to move for at least 90 days from the day you receive this letter, which date shall be (91 days from delivery of this letter). However, if the Department does not acquire the parcel before (61 days from delivery date) you will be issued another notice advising you of a new vacate date, which shall be 30 days from the date the Department acquires or expropriates the parcel. In no event will the vacate date be earlier than (91 days from delivery of this letter).

On the day you do vacate and surrender the property following the Department’s acquisition, please telephone the Department’s Real Estate Office so that the Department can complete its file and, if necessary, make arrangements for taking physical possession of the property.

You are requested to carefully read the brochure for additional information about the requirements for payment eligibility. Assistance in preparing the necessary forms and filing your claims for any benefits to which may be entitled, as well as any additional information you request, will be available to you from this office. If such assistance is desired, please contact *(Name)* at *(Phone)* in *(City)*, Louisiana, or visit the office in that city located at *Office Address).*

Sincerely,

Real Estate Agent

**cc: Relocation Assistance Officer**

DELIVERED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_