

OPTIONAL TEMPORARY RELOCATION ASSISTANCE POLICY
Voluntary Owner Occupied Residential Single Family Housing
Rehabilitation/Reconstruction and Lead-Based Paint Mitigation/Abatement
[Guide Form]

WHEREAS, the Northern Marianas Housing Corporation, herein referred to as the Agency, has allocated Community Development Block Grant-Disaster Recovery (CDBG-DR) funds for the purpose of carrying out a homeowner occupant rehabilitation project within the Agency's jurisdiction in compliance with eligible activity requirements of the CDBG-DR Program rules and regulations.

WHEREAS, CDBG-DR funds may be used for optional temporary relocation payments and assistance to persons who are temporarily relocated by an activity that is not subject to the displaced person requirements found at 24 CFR Part 570.606.

WHEREAS, the Agency deems it in the best interest of resident homeowner-occupants to develop a written Optional Relocation Assistance Policy (Policy) to provide limited moving assistance for owner occupants who must move for temporary periods of time.

NOW, THEREFORE, BE IT RESOLVED by the Northern Marianas Housing Corporation Board of Directors, through the Agency's Corporate Director, that the assistance and guidelines for moving assistance for resident occupants be established as follows:

The Agency, under this Policy, provides certain moving assistance that makes available financial aid to resident owner-occupants who voluntarily apply for consideration for assistance under the Agency's Voluntary Homeowner CDBG-DR Rehabilitation/Reconstruction Program.

Eligibility for temporary relocation assistance is to be determined by the Agency on a case-by-case basis. In general, the Agency will consider a request by staff involved with lead analysis, the Homeowner, and/or the General Contractor.

The Agency determines that the temporary relocation will exceed a one-night period and will involve the removal and storage of furniture. [A temporary move that only requires the homeowner/family to vacate the housing unit for a one-night period and does not require the removal and storage of furniture is not eligible for temporary move assistance under this Policy.]

This Policy is a voluntary program and is made available to all eligible owner occupants that agree to the conditions outlined below. A resident must agree to sign the OPTIONAL TEMPORARY RELOCATION ASSISTANCE APPLICATION form, that says the resident understands and accepts the local government's conditions and benefits.

In general, a homeowner/family who currently occupies their housing unit and is determined to be eligible to receive assistance under this Policy may request a moving assistance payment under the following terms and conditions:

- 1) The Agency determines that occupancy of the unit during construction rehabilitation or reconstruction may expose the homeowner/family to a threat to their health and safety.

- 2) The Agency determines that it is in the best interest of the homeowner and his/her family to vacate the housing unit for a certain period of time to remove this threat.
- 3) The Agency has determined that the temporary relocation will exceed a one-night period and will require the removal and storage of furniture.

This Policy provides moving assistance as follows:

The temporarily displaced household will be responsible for the physical move. The Agency will provide moving and storage assistance under this voluntary agreement. The homeowner will be given the option of receiving a lump sum amount of \$_____ for moving and storage assistance defined as those costs directly related to the packing, crating, storage, and insurance cost required to move a household out of the housing to be rehabilitated and back into the house upon the completion of the rehabilitation work and the successful completion of a lead-based paint clearance exam (if required).

**Note: The level of assistance provided may not exceed the levels indicated for the average number of furnished rooms referenced in the Residential Moving Expense and Dislocation Allowance Payment Schedule as prescribed by the Agency and/or provided by CNMI Law.*

The Agency is willing to take any other action that it determines is reasonable to assist each family and/or individual with their temporary move.

The activities outlined in this Policy, which is funded in whole or in part with funds received through the CDBG-DR Program funds provided by the United States Department of Housing and Urban Development (HUD), are still subject to all applicable Federal laws, regulations and rules for CDBG-DR funded projects. Furthermore, any recipient of CDBG-DR funds is entitled to all rights and protections afforded by the Federal laws applicable to such HUD funded projects.

ADOPTED this the _____ day of _____ , _____ ,

By the _____

Signature of Corporate Director

ATTEST: _____

Optional Temporary Relocation Assistance Application

I (we) have been provided a copy of the _____ Policy and understand fully the conditions, restrictions and assistance stated in the Policy and do certify that my request to participate in this Policy is a voluntary act.

I (we) certify that the temporary relocation assistance offered by this Policy is needed, and that by signature below, I/we hereby request the assistance available under this policy be provided.

Signature of Owner Requesting Assistance: _____

Signature of Owner Requesting Assistance: _____

Address: _____ Phone Number: _____

This document was executed this the ____ day of _____, 2023.

WITNESS: _____

Address: _____ Phone Number: _____

Agency's Determination

_____ This applicant has been determined **ineligible** to receive assistance available under the Agency's Optional Temporary Relocation Assistance Policy for the following reason(s):
_____.

_____ This applicant has been determined **eligible** to receive assistance available under the Agency's Optional Temporary Relocation Assistance Policy.

Signature of Agency Official

Date of Decision