NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

INSTRUCTIONS AND FORMS

FOR

COMPLETING

A

WORKABLE RELOCATION ASSISTANCE PLAN

Relocation Assistance Program

Instructions for Completing a Workable Relocation Assistance Plan

1. COVER PAGE No form is provided. Prepare a cover page that includes the title, *Workable Relocation Assistance Plan*, the name of the municipality, the name of your agency (if applicable), and the term of the Plan.

2. SUMMARY (Form 1) **There are two categories of dislocation. The first category includes State or local programs of building, housing, or health code enforcement that cause the displacement of individuals or families. The second category of dislocation includes State (except the New Jersey Department of Transportation) or local programs of acquisition of land for a public use. Form 1** provides a summary of the provisions of the WRAP. It requires that the reason for the relocation (code enforcement or acquisition*) be provided and that the number of tenants, owners, individuals, families, and businesses be given. If other displacement programs are listed in the WRAP on Form 1, the displacing agency must provide information on how relocation activities are being coordinated to ensure that the rights of all displacees are being protected. In addition, the displacing agency must identify whether there will be any overlap in the residential and/or commercial sites that are required for the displacement programs and how the municipality will compensate for the overlap. NOTE: All signatures must be original and dated.

*Agencies submitting a WRAP for an acquisition project must include on a separate page a detailed project description that gives the reason for the project. In addition, the description must include the addresses of the residences or business sites being acquired, including blocks and lots; information on whether the project has received local planning board approval; and the name of the developer/redeveloper that has been designated for the project.

3. HOUSING REQUIREMENTS AND RESOURCES (Form 2) This is divided into four parts, A-D. The form requires the following information:

- Part A: The number of individuals and families to be displaced. NOTE: A housekeeping unit contains a kitchen with a usable sink, a stove, and a separate, complete bathroom. A non-housekeeping unit is a rooming or boarding home, a hotel, or a congregate dwelling.
- Part B: Indicate the types and the number of units that are available.
- Part C: Explain how the numbers in Part B were derived. Include the sources from which the types and numbers of available units were obtained.
- Part D: Explain in detail the measures that your agency will take to assist displacees in obtaining comparable, replacement, permanent housing. Include a statement attesting to the fact that the displacing agency will ensure that replacement dwellings are decent, safe, and sanitary.
- Addendum: Also include any written material that you have provided to the diplacees. Note: The written material must provide clear information on displacees' rights under the relocation laws, including their right to appeal a displacing agency's determination regarding their eligibility for relocation assistance.

4. TEMPORARY RELOCATION No form is provided. Temporary relocation may be necessary as a result of emergency relocation when a lawful occupant of a dwelling unit is required to immediately vacate due to code enforcement and permanent housing is not available. It may also be necessary when a tenant is required to move from a dwelling unit that is undergoing rehabilitation and, upon completion of the rehabilitation, may return.

Explain how you will handle people who need temporary relocation. Do you have agreements with local properties or businesses to provide short- or long-term lodging? Who are they? What kind of accommodations do they provide? How long is the average stay?

5. NEW CONSTRUCTION (Form 3) List any newly constructed housing that will provide dwelling units to displacees. If there are no newly constructed units being used, put N/A (Not Applicable) on the form.

6. BUSINESS DISPLACEMENT (Form 4) Include this information only when the displacement activity includes businesses, non-profit organizations, or farm operations.

Explain whether the displacees have new locations. If they do not have new locations, indicate suitable locations in your area and the measures your agency will take to minimize the hardships placed on the businesses. If you are not aware of suitable locations in your area, show how your agency will assist the displacees in identifying and obtaining new locations. Include a statement that the displacing agency will do its utmost to assist the businesses with finding comparable permanent replacement commercial sites.

7. ESTIMATE OF RELOCATION COSTS--DWELLING UNITS (Form 5, Part A)

The number of families and individuals must coincide with the numbers on the Summary provided on Form 1.

- For tenants and owners of dwelling units being evacuated because of code enforcement, the fixed amount for moving expenses is $500 and the maximum amount for rental assistance is $1,334. Costs for second and third year rental assistance payments under *Previous Displacement* must be actual costs.
- For acquisition projects, the fixed amount for moving expenses is $500 and the maximum amount for rental assistance/down payment assistance is $4,000.

8. ESTIMATE OF RELOCATION COSTS--BUSINESSES, NON-PROFITS, AND FARM OPERATIONS (Form 5, Part B) The costs for relocating businesses, non-profits, or farm operations must be provided.

Any displacing agency applying to receive State financial assistance for code enforcement or acquisition displacement in accordance with N.J.A.C. 5:11-8.5 must include a request in the WRAP transmittal letter that the Department of Community Affairs reserve funds not to exceed 50% of the total estimated cost. This letter must be signed by the chief executive officer of the displacing agency.

FORM 1

WORKABLE RELOCATION ASSISTANCE PLAN

AGENCY_____DIVISION_____

RELOCATION OFFICER_____TELEPHONE_____

ADDRESS_____E-mail ADDRESS_____

_____

_____

DISPLACEMENT PERIOD_____TO_____

	INDIVIDUALS		**FAMILIES**	
CODE ENFORCEMENT	TENANTS	OWNERS	TENANTS	OWNERS
Number Displaced Previous Period				
Number of Cases in Existing Rental Assistance Workload				
Number to be Displaced this Period				

	INDIVIDUALS		**FAMILIES**		**BUSINESSES**
ACQUISITION	TENANTS	OWNERS	TENANTS	OWNERS	
Number to be Displaced					

Other Displacement Programs in Municipality

- If other displacement programs occurring in the municipality are listed below, the displacing agency must provide information on how relocation activities are being coordinated to ensure that the rights of all displacees are being protected. In addition, the displacing agency must identify whether there will be any overlap in the residential and/or commercial sites that are required for the displacement programs and how the municipality will compensate for the overlap.

PROGRAM	NUMBER OF FAMILIES/INDIVIDUALS	NUMBER OF BUSINESSES

The above agency or unit of government has the authority to conduct this program pursuant to the Relocation Assistance Law (P.L. 1967, c.79; N.J.S.A. 52:31B-1 et seq.), and the Relocation Assistance Act (P.L. 1971, c.362; N.J.S.A. 20-4-1 et seq.) as amended, and the Regulations for the Provision of Relocation Assistance (N.J.A.C. 5:11-1 et seq.).

Date_____ _____

Name of Chief Legal Officer

_____

Signature

I have prepared and will implement this plan in accordance with the Rules and Regulations adopted by the Department of Community affairs pursuant to the Relocation Assistance law (P.L. 1967, c.79; N.J.S.A. 52:31B-1 et seq.), and the Relocation Assistance Act (P.L. 1971, c.362; N.J.S.A. 20-4-1 et seq.) as amended. A copy of this plan and supporting documentation will be available for public inspection during regular hours.

Date_____ _____

Name of Relocation Officer

_____

Signature

I certify that this plan has been prepared and will be implemented in accordance with the relocation laws and regulations. Until approval of this plan by the Commissioner of the Department of Community Affairs, no involuntary displacement will occur and, in the event of an emergency, the Commissioner will be notified prior to any displacement.

I fully understand that filing this Workable Relocation Assistance Plan for approval by the Commissioner is not a request for State financial assistance to assist in funding relocation costs that may be engendered by the estimated displacement contained within.

Date_____ _____

Name and Title of Chief Executive Officer

_____

Signature

FORM 2 HOUSING REQUIREMENTS AND HOUSING RESOURCES

A. HOUSING REQUIREMENTS

HOUSING REQUIREMENTS OF INDIVIDUALS AND FAMILIES TO BE DISPLACED																	
Individuals		Families by Family Size									Individuals and Families- Bedrooms Needed						
Non-Housekeeping	Housekeeping	2	3	4	5	6	7	8	9	Total	1	2	3	4	5	6	Total

B. HOUSING RESOURCES

	Subsidized Housing		Rentals		Sales	
	Needed	Available	Needed	Available	Needed	Available
0 Bedroom						
1 Bedroom						
2 Bedrooms						
3 Bedrooms						
4 Bedrooms						
5 Bedrooms						

C. SOURCE OF INFORMATION FOR AVAILABLE UNITS

- Include the sources from which the types and numbers of available units were obtained.

1. Subsidized Units/Houses

2. Rental Units/Houses

3. Units/Houses for Sale

FORM 3 NEW CONSTRUCTION

- Indicate N/A (Not Applicable) on form if no newly constructed housing units are being used.

DISPLACEMENT PERIOD

From _____ TO _____
Month/Year Month/Year

SPONSOR AND LOCATION	**DATE OF COMPLETION**	**TYPE OF SUBSIDY Moderate Income Rental (MIR) Moderate Income Sales (MIS)**	**NUMBER OF UNITS BY NUMBER OF BEDROOMS**					
			0	1	2	3	4	5/More

*Housing in which no more than 30% of income will be paid for rent.

FORM 4 BUSINESS RELOCATION

- Complete all sections on the form. If a business will receive an alternate payment, such as a payment in lieu of moving, indicate how the business qualifies for the payment. For a payment in lieu of moving, indicate how the business meets the three qualifying criteria as specified at N.J.A.C. 5:11-3.12.

AGENCY_____

PROGRAM_____

DISPLACEMENT PERIOD FROM_____TO_____
Month/Year Month/Year

Name and Address	**Type of Business**	**Check One**		**Minority Group Class**	**Area (Sq. Ft/Acres)**	**Average Number of Employees**	**Plans to Relocate?**		**Moving Cost or Alternate Payment**	
		Owner	Tenant				Y	N	Moving	Alternate

FORM 5 ESTIMATE OF RELOCATION COST

AGENCY_____

DISPLACEMENT PERIOD FROM_____TO_____
Month/Year Month/Year

A. PAYMENTS TO FAMILIES AND INDIVIDUALS						
Type of Payment	**Families**		**Individuals**		**TOTAL**	
	Number	Amount	Number	Amount	Number	Amount
1. Fixed Moving Expense						
2. Actual Moving Expense						
3. Rental Assistance-1st Year						
4. Down Payment Assistance						
5. Replacement Housing Payments						
6. Previous Displacement Rental Assistance (Year 2)						
7. Previous Displacement Rental Assistance (Year 3)						
8. TOTAL						

B. PAYMENTS TO BUSINESSES, NONPROFITS, AND FARMS								
Type of Payment	**Business**		**Non-Profit**		**Farm**		**TOTAL**	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
1. Actual Moving Expenses								
2. Actual Loss of Property								
3. Payment in lieu of Moving								
4. TOTAL								

Estimated cost of Relocation Payments for families and individuals Block A, Line 8 $_____

Estimated cost of Relocation Payments for businesses, non-profits, and farms Block B, Line 4 $_____

Total Estimated $_____

The legally responsible agency named herein has appropriated, reserved, set aside or otherwise committed sufficient funds to cover the estimates contained in this budget.

Funding Source _____

- Include a statement that indicates whether the displacing agency is requesting that the Department of Community Affairs set aside funds not to exceed 50 percent of the estimated costs and whether the displacing agency will submit for reimbursement.