Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, you were given both written and verbal explanations of the relocation assistance services, benefits and options available to you. In addition to the 90‑day notice and advisory assistance, you may be entitled to the following monetary benefits:

1. **MOVING EXPENSES:**Depending on your situation, you may select one of the following options. In rare circumstances, you may be eligible for a combination of the following. You must discuss this fully with your relocation agent.
2. Fixed Moving Schedule based on number of rooms. Your entitlement under this option is $\_\_\_\_\_\_\_\_\_\_ based on \_\_\_\_\_ rooms of personal property. This entitlement includes a dislocation allowance to connect utilities and/or appliances at the replacement site. OR
3. Moving Service Authorization where the Department makes direct payment to an approved commercial mover (see attached list of eligible movers for your area). OR
4. Actual Cost Move by for‑hire carrier based on the lowest of two written estimates you obtain and submit to the Department. Payment will only be made after you submit paid invoices and proof of payment to the Department.
5. **REPLACEMENT HOUSING PAYMENTS:**Under “Last Resort Housing” guidelines, you are eligible for a RELOCATION ASSISTANCE payment to assist you in renting a replacement dwelling. The Department’s MAXIMUM contribution toward your replacement dwelling will be 42 times the difference between the lesser of either:a) the Department’s estimate of the monthly cost of rent and estimated average monthly cost of utilities for comparable replacement dwelling, or b) the monthly rent and estimated average monthly cost of utilities for the decent, safe, and sanitary dwelling actually occupied by the displaced person(s) --AND-- the base monthly rent (as defined below) during the three months before the displacement.

Base monthly rent is defined as the lesser of:

1. the average monthly cost for rent and utilities at the displacement dwelling,
2. 30% of the gross monthly income of the displaced person(s) if the total amount is classified as “low income” by the U.S. Department of Housing and Urban Development, or
3. if receiving a welfare assistance payment, the portion of such payment that is specifically designated for shelter and utilities. Failure to supply adequate income information may result in a delay or denial of benefits.

(If the Department has determined that the rent you are paying is more than 25% below economic rent, then the RENT DIFFERENTIAL payment will be based on other provisions of the law.)

Considering your base monthly rent, including utilities, and the cost of comparable replacement property, the Department’s maximum contribution will be:42 x $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This amount was determined after a thorough review of the available replacement properties with the most consideration given to the dwelling located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, California. In order to qualify to be reimbursed for the maximum rent differential amount, you must rent a decent, safe, and sanitary replacement dwelling for at least the amount of rent indicated for this comparable dwelling, or utilize this amount as a down payment and/or payment for incidental purchase expenses. The down payment amount, if any, is limited to the calculated Rent Differential.

**IT IS IMPORTANT** that you understand the conditions that must be met before payments can be made. You will not be eligible to receive any relocation payment if you move prior to the completion of the State’s acquisition. Also, you cannot receive any relocation payments until you have actually moved from the property.

This Rent Differential payment amount is available for a period of 90 days from the date of this letter. If you do not rent a replacement property within that time period, this amount will be automatically withdrawn, and another calculation will be made at a later date. Should you wish another estimate of your entitlement at a later date, please contact your relocation agent.

Rent Differential benefits are paid in a single payment or in annual installments, depending on the payment amount. These payments should be used to reduce the monthly rent payments at the replacement property.

REMEMBER:  To be eligible for a rental assistance payment outlined under item 2 above, you as a Subsequent Occupant must rent and occupy or purchase and occupy a decent, safe, and sanitary dwelling within one year after you move from the displacement dwelling. Failure to act within the one‑year period could result in loss of all replacement housing benefits.

The Uniform Act provides that a person may appeal to the head of the responsible department if the person believes that the Department has failed to properly determine the person’s eligibility or the amount of the payment authorized by the Uniform Act. You have the right to be represented by legal counsel at your own expense, but their presence is not required. If you still believe a proper determination has not been made by the Relocation Appeals Board, you may seek judicial review. You may submit an appeal in writing to:  Caltrans, Right of Way Office, Relocation Appeals Board, 1120 N Street, Sacramento, CA 95814.

Displacees not lawfully present in the United States are ineligible for relocation payments and assistance. Certification of legal U.S. residency status must be on file with the Department for all household members in order to receive benefits.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Relocation Agent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relocation Agent Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone

# ACKNOWLEDGEMENT

I was personally contacted by the above agent for the Department of Transportation. I have had the services and entitlements available explained to me. I was further advised that the Department of Transportation Relocation Assistance Program is available to assist me if any questions arise or as assistance is needed. I have been given a copy of this form letter.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Displacee’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_