

Date: DATE

To: Occupant Name
Street Address
City, State, Zip

Subject: Item No. 00-0000.00; County Name
Project Number; Federal Project Number
Project Name
Parcel No. 000
Notice of Relocation Eligibility

Dear Occupant Name,

On **DATE**, an offer was made to purchase the property you presently occupy. As tenant occupants being displaced due to the acquisition of right of way by the Kentucky Transportation Cabinet, you are eligible for the following relocation assistance payments and services.

1. Reimbursement for actual and necessary moving expenses of personal property within legal limits. When necessary, cost of storage will be included in moving expenses. Do not move until your relocation agent authorizes you to move. Moving prior to authorization could result in loss of payments and benefits.
2. Assistance in locating and acquiring suitable replacement housing.
3. Tenant occupants may be eligible to receive a replacement housing payment. This can be in the form of a rent supplement payment or assistance in making a down payment to purchase. You will be informed of your replacement housing payment when comparable replacement housing is available.

You have eighteen (18) months from the date you are required to move in which to apply for the payments listed above. The replacement dwelling must be inspected to ensure Decent, Safe, and Sanitary standards, as set out in the Relocation Assistance Manual, RA-806, are met.

Until the Commonwealth acquires this property, please continue to make rent payments to your landlord.

Your relocation eligibility also includes non-financial benefits, such as advisory assistance, help locating and acquiring a replacement dwelling, assistance with eligibility requirements, and filing claims for payment and/or appeals.

These payments and the requirements to receive them are based on state and/or federal law. If you are not in agreement with the determination of your eligibility or the amount of the payment, you may file an appeal. You will be furnished the necessary forms and assistance in filing your appeal. The appeal should be directed to the Right of Way Supervisor in the District. If the appeal cannot be resolved by the Right of Way Supervisor, you may request that your appeal be heard by a Hearing Officer.

Occupant Name
Notice of Relocation Eligibility

Should you have any questions or need further assistance, please contact me at the District Office at (000) 000-0000 or by email First.Last@KY.GOV.

Sincerely,

Agent Name
Relocation Agent
KYTC – District ## Office
Street Address
City, State, Zip