

Date: DATE

To: Occupant Name
Street Address
City, State, Zip

Subject: Item No. 00-0000.00; County Name
Project Number; Federal Number
Project Name
Parcel No. 000
90 Day Notice

Dear Tenant Name:

As a tenant occupant of this property who is being displaced by the acquisition of right of way for the subject project by the Kentucky Transportation Cabinet, you may be eligible payments and services provided for in the Relocation Assistance Program. The payments available and the requirements to receive them are briefly outlined in the relocation booklet given to you.

You may receive payment for the reasonable and necessary expense of moving your personal property from your present dwelling to the replacement dwelling. You may elect to move using a licensed household goods certificate holder (payment limited to 50 miles) or move yourself based on the Cabinet's fixed rate schedule. If the Cabinet determines storage to be necessary, payment will be made as a part of the moving expenses.

You will be eligible to receive a rental assistance payment in the amount of \$0,000.00 if you rent and occupy Decent, Safe and Sanitary replacement housing and pay monthly rent and utilities of \$000.00 or more. This payment was based on an available replacement house located at Street Address, City, State, Zip Code, which rents for \$000.00 per month, including utilities. However, there is no requirement that you rent this dwelling to receive your replacement housing payment. If you rent and occupy a Decent, Safe and Sanitary replacement dwelling and pay \$000.00 or more per month including utilities, you will be eligible for the full amount of the payment. If you rent replacement housing costing less than \$000.00 per month including utilities, the payment will be adjusted accordingly.

This payment may be paid in three annual payments to you or in one lump sum payment. The Cabinet will make that decision and advise you prior to the time you occupy a replacement dwelling.

You have the option to purchase a replacement dwelling and receive down payment assistance in the amount of \$0,000.00, provided the full amount of the payment is applied to the purchase price of the replacement dwelling and related incidental expenses. If you elect to purchase replacement housing, you must acquire 100 percent interest in that property.

We are available to assist you in locating and acquiring a replacement dwelling.

Occupant Name
90-Day Notice

The replacement dwelling you elect to rent, or purchase must be inspected by the Transportation Cabinet to determine if it meets the Decent, Safe and Sanitary requirements. Please do not execute a sales contract, purchase agreement, or a lease agreement until we have made the inspection. This inspection is for payment purposes only and it does not guarantee against other deficiencies that may exist or develop in the future.

You have one year from the date you move to occupy Decent, Safe and Sanitary dwelling and eighteen months from the date you move to file a claim for payment.

You will not be required to move from your property in less than 90 days from this date. Before you are requested to move, you will be given a 30-day written notice, which will specify the date the property must be vacated.

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 payment, you may file an appeal. You will be furnished the necessary form and assistance in filing your appeal. The appeal should be directed to the Right of Way Supervisor in this District. If the appeal cannot be resolved by the Right of Way Supervisor, you may request your appeal be heard by the State Hearing Officer.

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