



URA Relocation Survey

Please note that this form is required for all applicants who (1) have a rental unit and (2) receive repair and/or elevation assistance. This survey is in addition to any forms or other URA documentation previously submitted to the Program. Please be aware that the Program is required to provide tenants with a minimum of 30 days' notice to relocate.

APPLICANT NAME: _____ APPLICATION ID: _____
ADDRESS: _____

Type of Rehabilitation

- Home Rehabilitation / Reconstruction / Mandatory Elevation Displacement Yes No
- Optional Elevation Yes No
- Has the tenant been displaced for Program-funded work in the past? Yes No

Please answer the following questions:

- Anticipated Construction Schedule for Home Rehabilitation/Reconstruction/Mandatory Elevation Displacement (Start and End Date): _____
- For Optional Elevation Displacement (Start and End Date): _____
- Is your property currently occupied by a tenant(s)? *If your property is vacant, check no.* Yes No
- Will any tenants need to be relocated during the construction period? Yes No
- Does all personal property need to be removed from the unit during tenant relocation? Yes No
- Do you have insurance that will cover loss or damage to any remaining property? Yes No
- If applicable, please list all tenants and units that will need to be vacated during construction:

Unit #	Tenant Name and Phone Number(s)	Anticipated Relocation Start Date	Anticipated Relocation End Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE RETURN THIS FORM VIA EMAIL: nysandyhelp.sm.ura@nysandyhelp.ny.gov OR MAIL:

Governor's Office of Storm Recovery
ATTN: URA Specialist
64 Beaver Street, P.O. Box 230
New York, NY 10004

FORM COMPLETED BY

Applicant Contractor Case Management Staff

Date: _____

Case Management Notes: -

