

General Relocation Assistance Policy

_____ (Name of Owner/Developer) has read the enclosed Relocation Assistance Policy that explains Missouri Housing Development Commission’s relocation policy. We as the responsible party for the proposed relocation activities at _____ (Name of Development) agree to accept and abide by the procedures and policies set forth in the MHDC Relocation Assistance Policy and/or the Federal Uniform Relocation Act (URA) Guidelines.

Owner/Developer	
Signature:	Date:
Printed Name:	Organization Name:

Relocation Point of Contact	
Organization Name:	
Printed Name of Point of Contact:	
Email Address:	Phone Number:

Please sign and return this form with the other information requested on the “Checklist of Documentation Required for Relocation Activities” (also enclosed in this package). You must return the requested documentation prior to the acceptance of the Conditional Commitment for MHDC funding.

Questions or concerns regarding relocation activities may be directed to Lauren Guminger, Senior HUD Programs Administrator, via email at lauren.guminger@mhdc.com or via phone at (816) 800-8893.