**(*This waiver must ONLY be in response to a voluntary action by the resident to waive benefits; this option should NEVER be offered by the Owner/Grantee*)**

***Grantee or Agency Letterhead***

1. I, *(name),* am presently an occupant of the property located at .
2. I have been formally notified that this property is to be rehabilitated for a program or project to be carried out by *(Grantee)* with federal financial assistance provided by the U.S. Department of Housing and Urban Development (HUD), and that it will therefore be necessary for me to move permanently from this property. I have been further advised that I am eligible for relocation payments and other relocation assistance in connection with this displacement. It has been explained to me that the law provides for advisory assistance, including referral to comparable (affordable, decent, safe, and sanitary) replacement housing; for payment of actual, reasonable moving and related expenses, or for a fixed expense and dislocation allowance, at my election; and in addition, for a replacement housing payment to assist me in buying or renting a replacement home.
3. The nature and amounts of such payments and other assistance have been specifically
described to me in sufficient detail that I fully understand my eligibility. I was informed specifically that I would be waiving $ in moving costs and $ in replacement housing payments, which is a total of (total per person relocation value) $.
4. I have determined not to claim the benefits available to me, and hereby release (*Grantee’s name*) from all obligations and liability regarding them. I do this freely, based on my full understanding of all my legal rights. I am under no duress or coercion by (*Grantee*) and make this decision without reservation or qualification.
5. This waiver shall expire on (*date*), unless the assisted program or project has been completed by that date.

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal, if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_