



MISSISSIPPI HOME CORPORATION

90-DAY NOTICE TO VACATE

(Permanent Relocation – Uniform Relocation Assistance Act Compliant)

Date: _____

Resident Name: _____

Unit Number: _____

Property: _____

Address: _____

City, State, Zip: _____

Dear **[Resident Name]**,

This letter is to notify you that you will be **permanently relocated** from your unit at **[Development Name]** due to **[brief explanation: rehabilitation, demolition, building conditions, redevelopment, etc.]**.

This notice provides you with **at least 90 days advance notice** before you will be required to move.

You will not be required to move before:

_____ **(insert date at least 90 days from today)**

Why This Move Is Required

The property is undergoing:

- Demolition
- Substantial rehabilitation
- Hazard or safety mitigation
- Sale / change of use
- Other: _____



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As a result, your current unit **cannot continue to be occupied** after this date.

Relocation Assistance Available to You

Under the **Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)**, you may be eligible to receive:

- **Advisory services** to help you find housing
- **Moving expense payments** (actual cost or fixed schedule)
- **Rental assistance** if your replacement rent is higher than your current rent, for up to **42 months**
- Help with **utility transfers**, accessibility needs, and language assistance

A relocation advisor will work with you to determine which benefits apply to your household.

Comparable Replacement Housing

Before you are required to move, you will be offered **comparable, decent, safe, and sanitary (DSS) housing**, meaning a home that is:

- Similar in size and number of bedrooms
- Affordable based on your income and rent rules
- Safe, sanitary, and functional
- Respectful of **disability access, mobility, and household needs**

You will not be required to move until at least one comparable replacement housing option is made available to you.

Your Rights

- You **cannot** be required to move with less than **90 days' written notice**.
- You **will not** be required to move until at least one **comparable replacement unit** is offered to you.
- You have the **right to appeal** relocation assistance decisions or benefit amounts.



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Next Steps

Your relocation advisor will contact you to:

1. Discuss housing options
2. Assist with your move
3. Explain benefit calculations
4. Answer questions

No action is required from you today, other than staying in communication.

Contact Information

For questions or assistance, please contact:

Relocation Contact Name: _____

Phone: _____

Email: _____

Office Hours: _____

We understand that moving can be difficult. We are committed to providing support and ensuring you are treated fairly and respectfully throughout this process.

Sincerely,

[Owner/Agent/Management Representative Name]

[Title]

[Organization]