

**CITY OF NORTH PORT**



**RESIDENTIAL ANTI-DISPLACEMENT &  
RELOCATION ASSISTANCE PLAN (RARAP)**

**Effective Date: May 12, 2026**

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## 1. Purpose

This Residential Anti-Displacement and Relocation Assistance Plan (RARAP) establishes the City of North Port's policies for minimizing displacement and providing relocation assistance in accordance with:

- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)
- Section 104(d) of the Housing and Community Development Act
- The HUD Consolidated Notice and Universal Notice governing CDBG, CDBG-DR/MIT funds
- Relevant FEMA requirements under the Stafford Act and related policies
- Program rules applicable to federal, state, and county pass-through funds.

This Plan applies to all displacement or acquisition activities funded, in whole or in part, with HUD or FEMA funds, including voluntary acquisition, involuntary displacement, rehabilitation, demolition, or temporary relocation.

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## 2. Scope & Applicability

This Plan applies to all projects funded through:

### HUD Programs

- CDBG-DR
- CDBG-MIT
- CDBG
- Sarasota County and state pass-through
- Any HUD-funded buyouts, acquisitions, rehabilitation, reconstruction, or public improvements that affect residential properties

### FEMA Programs

- Public Assistance (PA)
- Hazard Mitigation Grant Program (HMGP)
- Flood Mitigation Assistance (FMA)
- Building Resilient Infrastructure and Communities (BRIC)
- Other FEMA disaster or mitigation programs involving acquisition or displacement

### Local Programs

If local funds are blended with federal funds in a project that triggers URA or Section 104(d), the stricter federal standard applies.

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### 3. Regulatory Framework

The City complies with:

- 49 CFR Part 24 (URA)
- 24 CFR Part 42 (Section 104(d))
- 24 CFR 570.606 for CDBG and CDBG-DR
- HUD Consolidated Notice (88 FR 32046, May 18, 2023)
- HUD Universal Notice (90 FR 4759, Jan. 21, 2025)
- Stafford Act § 414 (acquisitions more than one year post-disaster)
- FEMA acquisition and relocation rules applicable to PA, HMGP, BRIC, and FMA
- 2 CFR 200 (cost reasonableness & administrative requirements)

If conflicts arise, the stricter standard applies.

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### 4. Policy Statement

It is the policy of the City of North Port to:

1. Minimize temporary or permanent displacement in all HUD- and FEMA-funded projects.
  2. Ensure all required notices, benefits, and protections are provided to displaced persons.
  3. Provide fair, consistent, and equitable treatment of persons whose properties or occupancy are impacted.
  4. Maintain full compliance with the URA, Section 104(d), and FEMA rules, including all required documentation.
  5. Ensure that replacement housing, when required, is decent, safe, sanitary, and affordable.
  6. Permit waiver requests where authorized under HUD notices or FEMA policy.
- 

### 5. Minimizing Displacement

To minimize displacement, the City will, where feasible:

- Prioritize rehabilitation over demolition.
- Coordinate code enforcement with rehabilitation and assistance programs.
- Offer temporary relocation assistance where required.
- Avoid projects that reduce the supply of affordable housing unless unavoidable.
- Demolish only units that are:
  - Vacant or uninhabitable,
  - Not suitable for rehabilitation, or
  - Part of a voluntary buyout program.

- Develop acquisition alternatives and design options that avoid displacement.
  - Stage rehabilitation projects to reduce temporary displacement.
- 

## **6. Minimizing Adverse Impacts of Displacement**

If displacement is unavoidable, the City will mitigate impacts through:

- Fair compensation and relocation assistance
  - Advisory services (housing counseling, referrals, benefits explanations)
  - Reasonable moving expenses and rental assistance
  - Community engagement with affected households
  - Targeted supports for vulnerable populations, including elderly, disabled, or low-income households
  - Directing eligible residents to affordable housing programs (Non-Profit, County, State, HUD)
- 

## **7. Distributed Responsibilities Across City Departments**

Under the City's distributed model, Departments are responsible for operational tasks, while the Grants Division maintains oversight and compliance.

### **Department Responsibilities**

Each Department working with a HUD- or FEMA-funded project that involves property acquisition or displacement of persons must:

- Identify potential displacement early in project planning
- Issue required notices to occupants
- Maintain project-level documentation
- Coordinate relocation benefits for eligible persons
- Work with the Grants Division on eligibility, documentation, and compliance
- Inform the Grants Division of any project element that may trigger URA or Section 104(d)

### **Grants Division Responsibilities**

The Grants Division will:

- Supply technical guidance on URA, Section 104(d), and FEMA requirements
- Approve notices and relocation plans prior to issuance
- Maintain centralized compliance documentation
- Monitor departmental actions for adherence to this Plan

- Coordinate with various agencies on compliance
- 

## **8. Relocation Requirements Under HUD Programs**

### 8.1 URA Requirements (49 CFR Part 24)

Applies to both temporary and permanent displacement.  
Includes:

- General Information Notice (GIN)
- Notice of Eligibility for Relocation Assistance
- 90-Day Notice
- Comparable replacement housing requirements
- Moving expense payments
- Replacement Housing Payments (RHPs)

### 8.2 Section 104(d) Requirements (24 CFR Part 42)

Triggered when:

- An occupied or vacant occupiable low-income dwelling unit is demolished or converted to a non-residential use as part of a HUD-assisted activity.

Benefits may include:

- Replacement housing (one-for-one)
- 60-month rental assistance
- Advisory services

### 8.3 Waiver Policy

The City will request waivers when permitted under the Consolidated or Universal Notice, including:

- Waivers for disaster-damaged units not suitable for rehabilitation
  - Waivers for alternative replacement housing requirements
  - One-for-one replacement waivers supported by data-driven justification
- 

## **9. Relocation Requirements Under FEMA Programs**

### 9.1 FEMA Public Assistance (PA)

PA rarely triggers URA, but relocation may occur when:

- A facility being repaired displaces occupants,
- Temporary movement is required for public safety or access.

## 9.2 FEMA HMGP, FMA, and BRIC

FEMA acquisition/buyout rules require:

- Voluntary participation
- Pre-event owner occupancy requirement for certain benefits
- No tenants may be coerced or misled
- Relocation benefits consistent with URA when displacement is involuntary

## 9.3 Stafford Act § 414

The City acknowledges the waiver conditions for acquisitions occurring more than one year after a disaster and will ensure eligibility is not reduced for households entitled to URA benefits.

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## 10. Voluntary Acquisition Requirements

For voluntary acquisitions:

The City must document all four conditions under 49 CFR 24.101(b)(1):

1. No specific site is required.
2. Property is not part of an intended project requiring acquisition of most properties in the area.
3. The City will not proceed if negotiations fail.
4. The owner is notified in writing of the property's market value.

Tenants displaced by voluntary acquisitions are eligible for URA benefits.

The City will use a standard Voluntary Acquisition Notice detailing:

- Statement of voluntary nature
- Market value estimate
- Statement that owner is not eligible for relocation benefits
- Tenant eligibility for relocation assistance

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## 11. Duplication of Benefits (DOB)

The City will:

- Assess DOB every displaced person, consistent with HUD and FEMA rules
  - Deduct duplicative assistance
  - Document insurance, SBA loans, FEMA IA, and other sources
  - Ensure relocation benefits do not duplicate prior payments
  - Maintain DOB worksheets in the project file
- 

## 12. Waivers

The City may use or request waivers allowed under:

- HUD Consolidated Notice
- HUD Universal Notice
- Section 414 of the Stafford Act
- FEMA hazard mitigation policies

Waivers will be used to:

- Provide flexibility in replacement housing
- Address inadequate affordable housing supply
- Allow tenant-based assistance or lump-sum payments
- Improve administrative efficiency

The Grants Division will assist Departments who are requesting waivers.

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## 13. One-for-One Replacement Requirements (Section 104(d))

The City will comply with 24 CFR 42.375 (One-for-One replacement) unless a HUD waiver is approved.

### Replacement Plan Requirements

Before committing funds to a project demolishing or converting low-income units, the City will prepare a One-for-One Replacement Plan including:

1. Description of the project
2. Address and number of units demolished or converted
3. Time schedule
4. Location and number of replacement units
5. Funding sources
6. Documentation that replacement units will remain affordable for 10 years

## 7. Justification if unit bedroom counts change

### Waivers

The City will seek waivers when allowable under the Consolidated or Universal Notice, supported by data showing adequate supply of comparable low-income units.

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## 14. Subrecipient Requirements

Any subrecipient receiving HUD or FEMA funds through the City must:

- Adopt this RARAP or submit their own for approval
  - Demonstrate URA and Section 104(d) compliance
  - Maintain public access to the approved plan
  - Provide equal relocation assistance within each class of displaced persons
  - Keep complete documentation files
- 

## 15. Documentation Standards

All Departments must maintain:

- Copies of required notices
- Move-in certifications for tenants
- DOB assessments
- Income verification when required
- Replacement housing documentation
- Cost reasonableness files
- Correspondence logs
- Evidence of advisory services provided
- Market value determinations
- Environmental review findings

The Grants Division maintains the central compliance repository.

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## 16. Public Access & Transparency

This RARAP shall be:

- Posted on the City's website
- Available upon request

- Included in application materials when required
- Shared with other agencies for pass-through HUD projects

# Appendices

Appendix A – General Information Notice (GIN)

GENERAL INFORMATION NOTICE

[PROJECT NAME]

[DATE]

To: [NAME OF OCCUPANT]

Address: [STREET ADDRESS, CITY, STATE, ZIP]

Dear [OCCUPANT NAME]:

The City of North Port is considering a project that may involve the use of federal financial assistance from the U.S. Department of Housing and Urban Development (HUD) and/or the Federal Emergency Management Agency (FEMA) for [brief description of project – e.g., voluntary acquisition, rehabilitation, or infrastructure improvements] at or near your property.

At this time, we are only in the planning stage. This letter is to inform you of your potential rights under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) and related regulations.

Important: This is not a notice to move.

- You are *not* being asked to move now.
- If the City determines that the project will proceed and that you will be required to move permanently or temporarily, you will receive further written notice, including:
  - A notice of whether you are eligible for relocation assistance; and
  - At least 90 days written notice prior to the date you will be required to move.

If you are required to move as a direct result of a project that uses federal funds, you may be eligible for relocation assistance and advisory services in accordance with the URA and, where applicable, Section 104(d) of the Housing and Community Development Act.

If you have any questions, please contact:

Contact: [STAFF NAME, TITLE]

Department: [DEPARTMENT NAME]

Phone: [PHONE NUMBER]

Email: [EMAIL ADDRESS]

Sincerely,

[NAME]

[TITLE]

Appendix B – Notice of Non-Displacement

NOTICE OF NON-DISPLACEMENT

[PROJECT NAME]

[DATE]

To: [NAME OF OCCUPANT]

Address: [STREET ADDRESS, CITY, STATE, ZIP]

Dear [OCCUPANT NAME]:

The City of North Port is moving forward with the [project name/description] using federal financial assistance. This letter confirms that you will not be required to move permanently as a result of this project.

Because you will not be permanently displaced:

1. You are not eligible for permanent relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) or Section 104(d) of the Housing and Community Development Act.
2. If temporary relocation from your unit is necessary to complete the work (for example, during rehabilitation), the City or its subrecipient will provide you with:
  - o Reasonable advance written notice;
  - o Assistance with temporary relocation arrangements; and
  - o Reimbursement of eligible, reasonable out-of-pocket costs associated with the temporary move, in accordance with applicable program requirements.

This is not a notice to vacate. You may remain in your unit subject to the terms of your existing lease or occupancy agreement, provided you comply with all applicable lease provisions and local laws.

If you have questions about this notice or the project, please contact:

Contact: [STAFF NAME, TITLE]

Department: [DEPARTMENT NAME]

Phone: [PHONE NUMBER]

Email: [EMAIL ADDRESS]

Sincerely,

[NAME]

[TITLE]

## Appendix C – Notice of Eligibility for Relocation Assistance

### NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE

[PROJECT NAME]

[DATE]

To: [NAME OF DISPLACED PERSON / HOUSEHOLD]

Address: [STREET ADDRESS, CITY, STATE, ZIP]

Dear [NAME]:

This letter is to inform you that you are being displaced as a direct result of the City of North Port's [project description], which is receiving financial assistance from [HUD / FEMA / both].

Because of this displacement, you are eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (49 CFR Part 24) and, where applicable, Section 104(d) of the Housing and Community Development Act.

You may be entitled to:

1. Advisory Services, including:
  - Help to understand your rights and options;
  - Referrals to comparable replacement dwellings; and
  - Information on other assistance programs.
2. Moving Expenses, which may include:
  - Payment for actual, reasonable moving costs; or
  - A fixed payment based on a schedule established by regulation.
3. Replacement Housing Assistance, which may include:
  - Rental assistance to help pay increased rent at a comparable replacement dwelling; or
  - Downpayment assistance, if you are eligible and choose to purchase a replacement home.

Your specific eligibility and payment amounts will depend on:

- Your occupancy status and length of occupancy;
- Your income level (for certain benefits);
- The cost and availability of comparable replacement housing; and
- Whether you choose to rent or purchase a replacement dwelling.

A relocation representative will contact you to:

- Explain your rights and options in more detail;
- Assist you in finding comparable replacement housing; and
- Help you complete any necessary forms.

Important: Do not move permanently until you have received written authorization from the City or its representative, or you may risk losing your eligibility for some relocation benefits.

If you have any questions, please contact:

Contact: [STAFF NAME, TITLE]

Department: [DEPARTMENT NAME]

Phone: [PHONE NUMBER]

Email: [EMAIL ADDRESS]

Sincerely,

[NAME]

[TITLE]

Appendix D – 90-Day Notice to Vacate

90-DAY NOTICE TO VACATE

[PROJECT NAME]

[DATE]

To: [NAME OF DISPLACED OCCUPANT]

Address: [STREET ADDRESS, CITY, STATE, ZIP]

Dear [NAME]:

This letter is to inform you that you will be required to vacate your current dwelling at [address] on or after:

No earlier than [SPECIFIC DATE – must be at least 90 days from the date of this notice].

You are being required to move as a direct result of the City of North Port's [project name/description], which is receiving financial assistance from [HUD / FEMA / both].

As previously notified, you are eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) and, where applicable, Section 104(d) of the Housing and Community Development Act. You may be eligible for:

- Advisory services
- Moving expense payments
- Replacement housing assistance

The City or its representative will:

- Continue to assist you in locating comparable replacement housing; and
- Provide information on how to claim your relocation benefits.

You will not be required to move before the date stated above, and the City will make every reasonable effort to ensure that you have access to a comparable replacement dwelling that is:

- Decent, safe, and sanitary;
- Functionally equivalent to your current unit; and
- Affordable, consistent with URA requirements.

If you have questions or need assistance, please contact:

Contact: [STAFF NAME, TITLE]

Department: [DEPARTMENT NAME]

Phone: [PHONE NUMBER]

Email: [EMAIL ADDRESS]

Sincerely,

[NAME]

[TITLE]

Appendix E – Move-In Notice (For Tenants Moving In After Initiation of Negotiations)

MOVE-IN NOTICE

[PROPERTY NAME / PROJECT NAME]

[DATE]

To: Prospective Tenant

Property Address: [STREET ADDRESS, CITY, STATE, ZIP]

Dear Prospective Tenant:

The City of North Port (or its subrecipient/owner) is applying for or has received federal financial assistance for [project/program name] at the property listed above.

Because of this, special rules may apply if you later move from this unit.

If you choose to rent this unit at this time:

1. You will not be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) or Section 104(d) if you are later required to move as a direct result of the project, because you were informed in advance that displacement may occur.
2. Your decision to rent this unit is voluntary and with knowledge that the property is part of a current or planned project involving federal funds.

By signing below, you acknowledge that you have received and understand this notice before entering into a lease or occupancy agreement for this unit.

If you have any questions, please contact:

Contact: [STAFF NAME, TITLE]

Department: [DEPARTMENT NAME]

Phone: [PHONE NUMBER]

Email: [EMAIL ADDRESS]

Sincerely,

[NAME]

[TITLE]

Tenant Acknowledgment

I have received and read this MOVE-IN NOTICE before signing a lease or occupancy agreement for the unit at [address].

Tenant Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

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Appendix F – Voluntary Acquisition Notice (Owner-Occupant)

VOLUNTARY ACQUISITION NOTICE

[PROGRAM / PROJECT NAME]

[DATE]

To: [PROPERTY OWNER NAME(S)]

Property Address: [STREET ADDRESS, CITY, STATE, ZIP]

Dear [OWNER NAME]:

The City of North Port is interested in purchasing your property located at [address] for the purpose of [project description – e.g., voluntary buyout, floodplain restoration, mitigation] using funding from [HUD / FEMA / Sarasota County Resilient SRQ / other].

This letter is to advise you that:

1. This is a voluntary acquisition. You are under no obligation to sell your property to the City.
2. The City does not have, and will not use, the power of eminent domain to acquire your property for this project.
3. If you choose not to sell your property, the City will not pursue its acquisition through condemnation.
4. The City's estimate of the current fair market value of your property is \$[AMOUNT]. This estimate is based on [brief description of basis – appraisal, market analysis, etc.].
5. If you voluntarily agree to sell, the City will offer to purchase the property for no less than the established fair market value, subject to applicable program requirements and due diligence.

Because this is a voluntary acquisition and you are the property owner:

- You are not eligible for relocation assistance under the URA or Section 104(d) as a displaced person; however, any lawful tenants occupying the property may be eligible for relocation assistance if they are required to move as a direct result of the project.

Please contact us if you wish to discuss the potential voluntary sale of your property or if you have any questions about this notice.

Contact: [STAFF NAME, TITLE]

Department: [DEPARTMENT NAME]

Phone: [PHONE NUMBER]

Email: [EMAIL ADDRESS]

Sincerely,

[NAME]  
[TITLE]

## Appendix G – Comparable Replacement Housing Checklist

You can use this as a form/checklist in Word.

### COMPARABLE REPLACEMENT HOUSING CHECKLIST

Displaced Household: [NAME]

Project: [PROJECT NAME]

Current Address: [ADDRESS]

Case Number: [CASE #]

Date Prepared: [DATE]

#### Subject Property (Current Unit) – Summary

- Type (Single-family, Duplex, Apartment, MHU, etc.): \_\_\_\_\_
  - Number of Bedrooms: \_\_\_\_
  - Number of Bathrooms: \_\_\_\_
  - Approximate Square Footage: \_\_\_\_\_
  - Rent / Monthly Cost: \$ \_\_\_\_\_
  - Utilities Paid By (Tenant/Owner): \_\_\_\_\_
  - Accessibility Features (if any): \_\_\_\_\_
  - Neighborhood/Location Notes: \_\_\_\_\_
- 

#### Proposed Comparable Unit #1

- Address: \_\_\_\_\_
- Type: \_\_\_\_\_
- Number of Bedrooms: \_\_\_\_
- Number of Bathrooms: \_\_\_\_
- Approximate Square Footage: \_\_\_\_\_
- Monthly Rent (excluding utilities): \$ \_\_\_\_\_
- Estimated Monthly Utilities: \$ \_\_\_\_\_
- Total Monthly Housing Cost: \$ \_\_\_\_\_
- Utilities Paid By (Tenant/Owner): \_\_\_\_\_
- Distance from Subject Property (approx.): \_\_\_\_\_ miles
- Condition (Good/Fair/Poor): \_\_\_\_\_
- Meets Decent, Safe, and Sanitary (DSS) Standard:  Yes  No
- Accessibility features comparable/appropriate:  Yes  No
- Available on or before required move date:  Yes  No
- Notes: \_\_\_\_\_

#### Proposed Comparable Unit #2

[Repeat fields above]

Proposed Comparable Unit #3  
[Repeat fields above]

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Determination

- At least one comparable, DSS unit identified:  Yes  No
- Replacement housing payment based on:
  - Unit #1  Unit #2  Unit #3

Preparer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Appendix H – Duplication of Benefits (DOB) Worksheet

Again, you can turn this into a table in Word.

DUPLICATION OF BENEFITS (DOB) WORKSHEET – RELOCATION ASSISTANCE

Household Name: [NAME]

Project: [PROJECT NAME]

Case Number: [CASE #]

Date Prepared: [DATE]

1. Type of Assistance Being Calculated

- Moving Expenses
- Rental Assistance / Replacement Housing Payment
- Downpayment Assistance
- Other: \_\_\_\_\_

2. Total Eligible Need (Relocation Assistance Calculation)

- Calculated relocation need (before DOB): \$ \_\_\_\_\_

3. Assistance Already Received for the Same Purpose

(List all sources and amounts received for the same purpose as this relocation assistance.)

Source	Purpose	Amount
FEMA Individual Assistance (IA)	Housing / rent	\$ _____
Insurance Proceeds	Housing / rent / moving	\$ _____
SBA Disaster Loan	Housing / rent / moving	\$ _____
Other Federal or State Programs	_____	\$ _____
Charitable or Nonprofit Assistance	_____	\$ _____
Other (Specify)	_____	\$ _____

Total Potential Duplicative Assistance (Line 3 Total): \$ \_\_\_\_\_

4. Amounts Not Available or Not Duplicative

(Document any amounts that are clearly not available for relocation purposes or are for a different purpose.)

- Non-duplicative / unavailable portion: \$(\_\_\_\_\_)

Net Duplicative Assistance: \$ \_\_\_\_\_

5. DOB Calculation

- Total Eligible Need (Line 2): \$ \_\_\_\_\_
- Minus Net Duplicative Assistance (Line 4 result): \$(\_\_\_\_\_)

Maximum Allowable Relocation Award: \$ \_\_\_\_\_

#### 6. Certification

I certify that the above information is accurate to the best of my knowledge and that the duplication of benefits calculation has been completed in accordance with applicable HUD and FEMA requirements.

Preparer Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Appendix I – Replacement Housing Plan Template

*(For 104(d) one-for-one replacement or when HUD requires a submitted plan)*

REPLACEMENT HOUSING PLAN

City of North Port

[PROJECT NAME]

Date: [DATE]

1. Project Description

- Project Name: \_\_\_\_\_
  - Funding Source(s): [CDBG-DR / CDBG-MIT / CDBG / Resilient SRQ / Other]
  - Project Address / Area: \_\_\_\_\_
  - Brief Description of Activity (demolition, conversion, new construction, etc.):
- 

2. Dwelling Units to be Demolished or Converted

(Lower-income units impacted by the project)

Unit ID	Address	Bedrooms Occupied/Vacant	Lower-Income? (Y/N)	Action (Demolish/Convert)
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Total number of occupied and vacant occupiable lower-income dwelling units to be demolished or converted: [#]

3. Schedule

- Estimated start date of demolition/conversion: \_\_\_\_\_
- Estimated completion date: \_\_\_\_\_

4. Replacement Units to Be Provided

Future Unit ID	Address/Location	Bedrooms	Type (New/Existing)	Funding Source	Date Available
----------------	------------------	----------	---------------------	----------------	----------------

Total number of lower-income replacement units: [#]

5. Affordability Commitment

- The City of North Port will ensure that each replacement unit is designated to remain a lower-income dwelling unit for at least 10 years from the date of initial occupancy, in accordance with 24 CFR 42.375 and/or any applicable HUD-approved waivers.

- Mechanisms to ensure long-term affordability may include:
  - Deed restrictions;
  - Land use agreements;
  - Long-term affordability covenants; or
  - Other legally enforceable instruments.

6. Consistency with Housing Needs & Consolidated Plan

- Explain how the replacement units are consistent with the housing needs and priorities identified in the City's or County's HUD-approved Consolidated Plan:

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7. Special Circumstances / Waivers (If Applicable)

- If the City is seeking a waiver of one-for-one replacement requirements, provide:
  - A data-driven analysis showing adequate supply of comparable vacant lower-income units; and
  - Justification demonstrating good cause under applicable HUD notices.

8. Certification

The City of North Port certifies that:

- This Replacement Housing Plan is complete and accurate to the best of its knowledge; and
- Replacement units will be provided in compliance with applicable federal regulations and any HUD-approved waivers.

Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_