POLICY STATEMENT #8

Subject: Demolition or Conversion of Low and Moderate Income Residences: Compliance with Section 104 (d) of the Housing and Community Development Act

Revised: 02/14

This statement defines the compliance measures that must be taken when a community’s CDBG project results in the demolition of Low and Moderate Income (LMI) residences or converts them to another use.

Before the grantee enters into a contract obligating funds that will result in either demolition of LMI units or the conversion of LMI units to another use, the grantee must make a public disclosure and submit the following to the Office of Community Development (OCD):

1. A description of the proposed activity;
2. A map showing the location and number of residences (number of bedrooms) to be demolished or converted to a use other than residences as a result of the assisted activity;
3. A schedule for the commencement and completion of the demolition or conversion;
4. A map showing the location and number of residents (number of bedrooms) to be provided as replacement units (see below for directions on replacement);
5. Source of funding and schedule for the provision of replacement dwelling units;
6. The basis on which it is concluded that each replacement unit will remain an LMI unit for at least 10 years from the date of initial occupancy; and
7. Information demonstrating that any proposed replacement of a unit with a smaller unit will be consistent with the needs analysis contained in the local community development plan.

One-for-One Replacement of Units:
All occupied and vacant occupiable units that are demolished or converted to a use other than a residence as a result of an activity assisted with CDBG funds must be replaced with another similar sized affordable dwelling unit.

Waiver of the One-For-One Replacement of Units Requirement:
The Office of Community Development may waive the One-for-One Replacement of Units requirement. In order for a waiver to be considered, the following must be provided to OCD before obligating funds to an activity requiring One-for-One Replacement:

1. The housing vacancy rate in the jurisdiction;
2. The number of vacant dwelling units in the jurisdiction (excluding units that will be demolished or converted);
3. Number of units comparable size and available for purchase that are affordable to LMI families;
4. The number of eligible families on waiting lists for housing assisted under the U. S. Housing Act of
1937; and
5. Relevant past of predicted demographic changes.
SECTION 104(d) ONE-FOR-ONE REPLACEMENT WAIVER REQUEST FORM

(Attach all required documentation to this form.)

1. Is the structure a, Single-Family ( ) Multi-Family ( ) unit?

   Address of unit(s) ____________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Is unit(s) to be demolished___ or converted to another use___? Explain.

3. Number of Low-Moderate Income units to be demolished or converted to another use?

4. The housing vacancy rate in the municipality's jurisdiction.

   A. The number of vacant Low/Moderate-Income dwelling units in the jurisdiction, excluding
      the units that will be demolished or converted. (for multi-family use the number of LMI
      rental units available and for single-family use the number of comparable replacement
      housing units available)

   B. For Multi-Family, the number of eligible families on waiting lists for housing assisted in the
      jurisdiction under the United States Housing Act of 1937.

   C. Relevant past or predicted demographic changes.

   __________________________________________________________
   __________________________________________________________

   Signature of Certified Relocation Officer                         Date

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FOR STATE USE ONLY:   APPROVED ( )     REJECTED ( )

REASON FOR APPROVAL OR REJECTION: ________________________________________

_____________________________________________________________________

__________________________________________________________

Signature of OCD DP Manager                               Date