



**LUKE A. BRONIN**  
Mayor

# CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street  
Hartford, Connecticut 06112  
Ph: (860) 757-4700  
Fax: (860) 722-6851  
[www.hartford.gov](http://www.hartford.gov)



**LIANY E. ARROYO**  
Health Director

## **INITIAL APPLICATION FOR RELOCATION ASSISTANCE**

If you are receiving this notice, you have been ordered to vacate your dwelling by a City of Hartford official because it was deemed unfit for human occupancy at the present time. You may be eligible for Relocation Assistance pursuant to Connecticut's Uniform Relocation Assistance Act, Conn. Gen. Stat. §8-266 *et seq.* The City of Hartford will assist you in finding adequate replacement housing if you are found eligible for such services.

Depending on your individual circumstances, the law requires that you be provided with:

- a) Actual and reasonable expenses for packing and crating of personal property. If you are able to show that moving, packing and crating your property is a hardship, the City can either a) arrange for these services at the city's expense; or b) provide you with reasonable expenses for these services in advance.
- b) Actual and reasonable expenses for the storage of personal property in an appropriate storage facility for not more than six months, if the City concludes that you cannot immediately move your possessions to a permanent replacement home.
- c) A payment for actual reasonable costs for moving and certain related expenses incurred in moving the people and property contained in your unit. You are entitled to actual moving costs as documented by receipts OR fixed moving costs in accordance with the following schedule:

**Prevent. Promote. Protect.**

<b><u>Number of Rooms</u></b>	<b><u>Payment Will Be:</u></b>
1	\$50
2	\$90
3	\$140
4	\$170
5	\$230
6	\$260
7 or more	\$300 (maximum)

If the fixed schedule of payments is elected, no more than \$300 will be paid for moving costs. A dislocation payment of \$200 will also be paid for those electing to receive payment according to the fixed schedule above.

- d) Temporary housing until permanent replacement housing is reasonably made available.
- e) Rental assistance sufficient to cover a security deposit and designed to enable you to rent a functionally equivalent decent, safe and sanitary replacement dwelling for a period not exceeding 48 months, or down payment assistance for the purchase of a new home, not to exceed \$4000.00.

**To receive assistance**, you must submit this initial application to the City of Hartford Department of Health and Human Services located at 131 Coventry Street, Hartford, CT 06112. Please call (860) 757- 4700. The City of Hartford will determine whether you are eligible for relocation assistance and provide you with written notice of this determination within 7 days of receiving this initial application.

To be eligible for the rental assistance payment described above, you must provide the City of Hartford with documents to prove your residency such as evidence of a lease, rent receipts, cancelled checks, money order stubs, and /or a current utility bill in your name, from within the last 90 days. The City of Hartford may further require you to provide additional information needed to determine whether you're eligible. Please provide the following contact information:

**Full Name:** \_\_\_\_\_

**Current or Temporary Address:** \_\_\_\_\_

**Current Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Alternate Contact Information (Name, Address, E-Mail, and Telephone Number):**

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