

**EXHIBIT 4.31  
 RELOCATION AND TENANT CHARACTERISTICS FORM**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Any applicant/developer who is aware that their project may involve permanent or temporary displacement/relocation shall complete Exhibit 4.31 and submit a relocation plan and checklist as described and provided in Attachment I, which includes but is not limited to indicating the number of persons or households to be relocated, the estimated cost and provisions and actions taken to meet the relocation requirements.

If the proposed project is currently occupied, applicants are required to complete this form. If you are unable to obtain access to the site to obtain complete information at this time, please provide all available information, including a schedule of current rents.

\* See below for codes to use when completing this form.

| Tenant Name and Address | Number of Occupants | Race/Ethnic Code * | Sex of Head of Household | Age of Head of Household | Disabled ** | Occupant s: Relationship by Sex and Age | Receive Sect 8? *** | Income Level **** | Income Source ***** | Number of Bedrooms | Current Monthly Rent | Post-Rehab Rent |
|-------------------------|---------------------|--------------------|--------------------------|--------------------------|-------------|---|---------------------|-------------------|---------------------|--------------------|----------------------|-----------------|
|                         |                     |                    |                          |                          |             |   |                     |                   |                     |                    |                      |                 |
|                         |                     |                    |                          |                          |             |   |                     |                   |                     |                    |                      |                 |
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I certify that the above, are tenants of record as of this date. (Please note address or unit number for any vacant unit, including the number of bedrooms and the current rent being requested). *Add additional pages as necessary.*

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date

**(1) RACE/ETHNIC CODES (\*)**

"B" = African American      "H" = Hispanic      "W" = White      "A" = Asian/Pacific Islander/Alaskan Native      "O" = Other

**(2) DISABILITY CODES (\*\*)**

"H" = Hearing Impaired      "V" = Visually Impaired      "M" = Mobility Impaired

**(3) SECTION 8 ASSISTANCE (\*\*\*)**

If yes, please identify type:      "V" = Voucher

**(4) INCOME LEVELS (\*\*\*\*)**

**Area Median Income (AMI) Limits**

| CODE | Income Categories        |
|------|--------------------------|
| "1"  | Extremely Low (<30% AMI) |
| "2"  | Very Low (≤ 50% AMI)     |
| "3"  | Low Income (≤ 60% AMI)   |
| "4"  | Lower (≤ 80% AMI)        |
| "5"  | Median Income (>100%AMI) |

**(5) INCOME SOURCE (\*\*\*\*\*)**

- Codes:
- "1" = Earned Income (Head of Household)
  - "2" = Earned Income (Joint)
  - "3" = Investment Income (Interest/Dividends)
  - "4" = Earned Investment (Rental Income)
  - "5" = Social Security
  - "6" = Retirement Income (Other Pension/Annuities)
  - "7" = Redistributed Income (Unemployment, Welfare, Disability, SSI)