

## TENANT INFORMATION SHEET

ID:	Name:		
Phone #:	Address:		
Unit #:	Other Contact Info:		
Bedroom Size:	# In Household:		
Relocation Date Out: ____/____/____	Relocation Date Back: ____/____/____	MOU Due Date: ____/____/____	Pre-Check Date: ____/____/____

- You are scheduled to Vacate your apartment at, Time: \_\_\_\_\_ Date: \_\_\_\_\_
- You are scheduled to Return to your apartment by, Time: \_\_\_\_\_ Date: \_\_\_\_\_

<ul style="list-style-type: none"> <li>• Are There Any Support/Service Animals In Your Household ?                             <ul style="list-style-type: none"> <li>○ If Yes, How Many And What Type ?</li> </ul> </li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Do You Have Any Special Needs ?                             <ul style="list-style-type: none"> <li>○ If Yes, What Type ?</li> </ul> </li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Do You Need Any Special Accommodations ?                             <ul style="list-style-type: none"> <li>○ If Yes, What Type ?</li> </ul> </li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Are there any hazards or health concerns that may affect the safety of our workers ? (including suspected or real contagious disease and pests such as bed bugs)</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:                             <ul style="list-style-type: none"> <li>• Anyone who is known to have laboratory-confirmed COVID-19? OR</li> <li>• Anyone who has any symptoms consistent with COVID-19?</li> </ul> </li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Are you currently waiting on the results of a COVID-19 test?</li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Have you experienced any of the following symptoms in the past 48 hours:                             <ul style="list-style-type: none"> <li>• fever or chills</li> <li>• cough</li> <li>• shortness of breath or difficulty breathing</li> <li>• fatigue</li> <li>• muscle or body aches</li> <li>• headache</li> <li>• new loss of taste or smell</li> <li>• sore throat</li> <li>• congestion or runny nose</li> <li>• nausea or vomiting</li> <li>• diarrhea</li> </ul> </li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>○ If Yes Please Explain</li> </ul>	•	

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Box Evaluation:</b>	Light	Med.	Heavy
------------------------	-------	------	-------

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**MOU Meeting, Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Vootbox Rep:** \_\_\_\_\_

## APARTMENT RELOCATION NOTIFICATION

Date Delivered: _____	Apartment #: _____
• You are scheduled to Vacate your apartment at, Time: _____ Date: _____	
• You are scheduled to Return to your apartment by, Time: _____ Date: _____	

Dear Resident,

You were notified of a proposed plan to rehabilitate the property you currently occupy. Initial notification letters/flyers were sent out previously for existing residents and notifications were issued at move in for new residents.

This is an additional written notice of intent to rehabilitate the apartment unit you currently occupy. The rehabilitation of the apartment you occupy will commence the week of the date indicated above. This will require your temporary relocation while the work is done, and for you to prepare your apartment for this work.

Please plan for your temporary relocation to commence on the date and time specified above. At this time, you will be expected to have your possessions clean, organized and ready to be boxed and packed, so they can be moved out of the way of construction workers. This relocation will be coordinated by Vootbox Inc. (Vootbox), our relocation consultant.

Your scheduled return date is as specified above. Please be aware that these dates are subject to change, and Vootbox will work to notify you of any date/time changes that may take place with the schedule.

This notice is to inform you of the following:

- Your apartment is scheduled for rehabilitation which will require you to vacate the unit.
- You will be required to prepare your apartment, and possessions so they may be stored securely in a manner that does not interfere with construction work.
- You will be required to vacate your apartment on the date indicated above.
- Arrangements will be made for your household for alternate housing while you are out of your unit.
- Upon completion of the rehabilitation work, you will re-occupy your apartment.
- **A relocation specialist from Vootbox will meet with you personally to discuss your relocation details and have you sign a memorandum of understanding regarding your relocation and preparation requirements.**

Since you are not being permanently displaced you are urged not to move. We understand this will be an inconvenience for you and extend our apologies accordingly, however, you must continue to comply with the terms and conditions of your lease. We hope that this rehabilitation work will greatly improve your quality of life over the long-term.

If you have any questions, please contact property management or discuss them directly with a Vootbox representative.

Printed Name: _____	Date: _____
Signature: _____	

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding is between Housing Authority of the City of Yakima, referred to herein as "YHA" and: (Resident) who resides at: \_\_\_\_\_ in Apartment unit: \_\_\_\_\_ in: \_\_\_\_\_, WA.

YHA manages the building in which the Resident lives. The building is in need of general rehabilitation. Residents will need to temporarily vacate their apartment during specific rehabilitation activities, so the work can proceed in a safe and expedient manner.

YHA understands that any Resident displacement, even of a short duration, may cause an inconvenience to the Resident. There is no compensation for any perceived "inconveniences".

The Resident will **be required to vacate his or her home** during the specified period. YHA has arranged for nearby temporary housing accommodations. The details and alternatives for temporary housing are set forth in the description of *Options*, attached and incorporated into this Memorandum of Understanding.

Residents are expected to comply with a certain code of conduct while residing at the temporary accommodations which is more clearly defined in the *Temporary Accommodation Responsibilities* attached and incorporated into this Memorandum of Understanding.

Resident furnishings and personal belongings may need to be removed from the Resident's unit. Details of relocation assistance are set forth-in Relocation Assistance attached and incorporated into this Memorandum of Understanding.

YHA may provide relocation assistance in monetary form to the Resident. Relocation benefits are not taxable. Relocation assistance is excluded from income and resources. Resident may contact the Social Security Administration for further explanation or questions; the information hotline for Social Security is 800-772-1213.

After rehabilitation the Resident will return to his or her home.

While YHA fully expects that the rehabilitation work will be completed within the time frames indicated, YHA cannot guarantee that the work will be completed within that time frame as there may be unforeseen delays. YHA is taking steps to avoid any delays; however, YHA cannot make any guarantees. **You will not have access to your permanent home or items in storage during this time.**

**The Resident and YHA must stay in touch during the displacement**, and an *Tenant Information Sheet*, which includes addresses and telephone numbers, has been incorporated into this Memorandum of Understanding. Relocation benefits will terminate once the Resident's apartment is ready to be re-occupied.

**It is the Resident's responsibility to notify YHA of any changes of address or telephone number. Failure to return to Resident's home upon notification to return will result in termination of your relocation benefits.**

The benefits included in this Memorandum of Understanding are intended for the Resident only, and as such, are non-transferable or assignable.

The following attachments are incorporated into this Memorandum of Understanding and Resident acknowledges that they have received a copy of this Memorandum of Understanding and all its attachments.

- Tenant Information Sheet
- Apartment Relocation Notification
- Memorandum of Understanding
- Options and Details
- Temporary Accommodations Responsibilities
- COVID-19 LIABILITY WAIVER
- Relocation Assistance
- Vootbox Inc. Tenant Contract Terms and Conditions

Tenant understands that they will receive a 7-day notice prior to the initial move. This Memorandum of Understanding and all attachments have been explained to me in

\_\_\_ English

\_\_\_ Spanish

\_\_\_ Other

This Memorandum of Understanding is entered on: \_\_\_\_\_ today's date.

Resident:

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

On behalf of YHA, Vootbox Inc. Representative: \_\_\_\_\_

- Vootbox Information Section.

Vootbox Inc.  
P.O. Box 141654  
Spokane Valley, WA 99214

## OPTIONS AND DETAILS

### **Option 1 – Short Term Hotel**

- YHA will secure a nearby hotel room at the \_\_\_\_\_ in \_\_\_\_\_ for up to \_\_\_\_\_ night(s) that the Resident will be relocated to.
- The Resident will continue to pay rent to YHA.
- Your relocation is scheduled to begin on: \_\_\_\_\_.
- Your tentative return date is: \_\_\_\_\_.

If any change in return date or time is made you will be notified as soon as a determination of such change is made.

- Your temporary home is furnished with two queen size beds and a dresser, as well limited kitchen facilities. All you will need to bring is those items that you will need during your stay such as clothing, medicines, irreplaceable items etc.
- A daily breakfast will be provided for all members of the Resident's household at the hotel. (subject to change – however will be determined prior to 30-day review)
- The Resident will be provided a supplemental allowance as follows:
  - Per Household (up to 4 residents) - \$25 / night
  - Per Household (5 and up) - \$50/ night

### **HOTEL LOCATION: To be determined prior to 30-day review**

Failure of Resident to comply with any of the terms and conditions of Resident's Lease, including but not limited to payment of rent and compliance with the Lease and House Rules, while temporarily occupying a temporary residence pursuant to a license will be grounds for terminating the Lease and revoking the temporary license. Resident acknowledges and agrees that the temporary license to occupy a temporary unit also may be revoked by YHA if Resident does not voluntarily vacate the temporary housing and return to Resident's original unit at: \_\_\_\_\_ when notified that the Resident's original unit is again ready for occupancy. The termination of Resident's tenancy at: \_\_\_\_\_ for any reason or by any means (voluntary agreement, eviction, etc.) will be grounds for revoking the temporary license to occupy a temporary unit.

**Option 2 – Other Short Term Off-Site**

- The Resident has chosen to relocate to temporary housing with family/friends for approximately \_\_\_\_\_ night(s).
- The Resident will continue to pay rent to YHA.
- The Resident will be provided a supplemental allowance as follows:
  - Per Household (up to 4 residents) - \$40 / night
  - Per Household (5 and up) - \$65/ night
- Your relocation is schedule to begin on: \_\_\_\_\_.
- Your tentative return date is: \_\_\_\_\_.

If any change in return date or time is made you will be notified as soon as a determination of such change is made.

Temporary Address: \_\_\_\_\_  
Temporary Telephone Number (if different) \_\_\_\_\_

\*\*\*\*\*

<p><b>On ___ / ___ / ___ relocation benefit option # ___ noting _____ is FINAL.</b></p> <p><b>NO CHANGES WILL BE ALLOWED.</b></p>
---

- Transportation Information:
  - My children attend the following schools:
    - Elementary: \_\_\_\_\_
    - Middle School: \_\_\_\_\_
    - High School: \_\_\_\_\_
  - My children take the following transportation to school:
    - \_\_\_\_\_ School Bus
    - \_\_\_\_\_ Public Transportation
    - \_\_\_\_\_ Walk to School
    - \_\_\_\_\_ Drive/Dropped Off

Name: _____	Date: _____
Resident Signature: _____	

## TEMPORARY ACCOMODATIONS: RESPONSIBILITIES

The Resident is eligible for services and benefits as described in Options and Details. Rules of conduct apply when Resident chooses either relocation option. By initialing below, Resident acknowledges and agrees to comply with the following:

\_\_\_\_\_ The Resident's mail will be delivered as usual at Resident's home. The resident may request the post office to hold their mail at the post office. The necessary forms to hold your mail are available from the Post Office

\_\_\_\_\_ The Resident will be responsible for the Resident's Utility Bills and Rent as normal at their permanent apartment and resident will not disconnect any utilities.

\_\_\_\_\_ The Resident will be responsible for any unusual damage above normal wear and tear at the temporary housing.

\_\_\_\_\_ The Resident will prepare and pack all “irreplaceable” items and place them in boxes they seal, which shall remain sealed and documented as tenant packed and kept in residents’ possession at all times. “Irreplaceable” items are those that are not readily available to purchase a replacement or an in-kind replacement.

\_\_\_\_\_ The Resident will prepare computers, printers, clocks, phones, and other small electronic and small appliances by unplugging them, turning them off. It is the responsibility of the resident to then place these items in boxes they seal, which shall remain sealed and documented as tenant packed. These items may remain to be moved by the relocation specialists.

\_\_\_\_\_ The Resident will prepare kitchen by pulling all dishware or “curio” items should be set out from cupboards and cabinets for photo documentation, by tenant, if the tenant desires detailed documentation of such items.

\_\_\_\_\_ The Resident will also prepare by pulling all bedding, clothing, towels, etc., to be ready for packing. These items must be clean and folded.

\_\_\_\_\_ The Resident will pack personal items such as medications and clothing etc, to be taken with to the temporary housing location, as access to packed and stored belongings, as well as access to your unit will not be allowed.

\_\_\_\_\_ The Resident will vacate temporary accommodations and return to his or her permanent home as scheduled above.

\_\_\_\_\_ Finally, the Resident will, on the return day scheduled, be responsible for discarding packing materials used for their unit, unpack boxes returned from storage which includes the final placement of their possessions, and electrical connection hook ups.

Name:	Date:
Resident Signature:	



## RELOCATION ASSISTANCE

The following moving assistance will be provided subject to terms and conditions:

- Your move is to a temporary location. You will be required to pack up and transport your necessary personal belongings to your temporary home, bring only what is necessary as well as small electronics and valuable items. The remainder of your belongings will be moved within your home or packed for you and placed in storage. When it is time to return to your permanent location, you will be expected to bring back your personal items with you, those items that were placed in storage will be returned. You will not have access to items in your unit or in storage.
- Relocations workers will begin at 10am on the day you are scheduled to be out of your apartment. Due to COVID protocol you must be out of your apartment by this time. You are expected to have your apartment cleaned, organized, and to have completed your part of packing. All possessions you need during the time you are out of the apartment must be out of the apartment by this time. Any packing materials you may need will be reasonably provided as requested.
- Residents that are not ready for the move on their assigned day by 10 am, will be charged a fee of actual cost to cover the packing on that day by the relocation company which can vary from \$100 - \$200 per day of delay. Total delay fee's will not exceed \$600.
- Responsibility for damage will apply to professionally packed items subject to the Vootbox Inc. – Tenant Contract Terms and Conditions (attached). Resident packed items will remain the responsibility of the tenant. **There is a ten-day limit from the day your move was completed to file any claims.**
- YHA anticipates no additional relocation moves. If YHA requires an additional move, they will provide relocation assistance. If for some reason, the Resident's plans change and the Resident requires a second move, the Resident must pay for the moving expenses and YHA will NOT be responsible for any charges incurred.

**Resident Agreement:** *I have read and understand the terms for Relocation Assistance including the Vootbox Inc. – Tenant Contract Terms and Conditions, and by my signature below agree to accept the attached Vootbox Inc.– Tenant Contract Terms and Conditions as an established contract between myself (Resident) and Vootbox Inc. subject to all terms and conditions contained therein.*

Name:	Date:
Resident Signature:	

**Vootbox Inc. -Tenant Contract Terms and Conditions:**

The following terms and conditions apply to all services performed by Vootbox Inc. under this contract.

SECTION 1. (A) Vootbox Inc. IS LIABLE for physical loss of, or damage to, any article from external cause while being packed, unpacked, loaded, unloaded, carried, or held in storage, including breakage, if the articles are packed by Vootbox Inc. and/or if the breakage results from negligence of Vootbox Inc. Vootbox Inc. is liable directly to the Tenant for loss and damage, regardless of any insurance policies they may have. Vootbox Inc. liability is subject to the limitations of liability described in Section 2.

Tenant may include the following items with their possessions however, Vootbox Inc. is not responsible for the condition of:

- Coins, currency, deeds, notes, postage stamps, letters, drafts or valuable papers of any kind.
- Jewelry, precious stones, or precious metals.
- Items of extraordinary value.
- Items requiring temperature control.
- Household pets.
- Plants.
- Perishable items.
- Furniture or other items made of pressboard, particle board or similar pressed material.

(B) Vootbox Inc. is NOT LIABLE for the loss of or damage to any article from external cause, due to the following circumstances:

- a. Breakage, when items are packed by the Tenant or the Tenant's representative unless it can be proved that the breakage resulted from negligence by Vootbox Inc. in handling the articles.
- b. Loss or damage of items during storage when items are stored in a location that is physically accessible to the Tenant.
- c. Internal damage to electronics (radios, stereos, VHS players, CD/DVD players, televisions, computers, printers, scanners, etc.) when no visible damage to the external packaging or contents exists or if the item was packed by the Tenant or the Tenant's representative.
- d. Loss or damage from insects, moths, vermin, mold, fungus, bacteria, or virus within the Tenant's belongings or that develop therein due to conditions present before Vootbox Inc. picks up the customer's belongings or outside the express control of Vootbox Inc.
- e. Loss or damage because the item was in an obvious state of disrepair and provided that Vootbox Inc. noted the disrepair on the inventory.
- f. An act, omission, or order of the Tenant, or loss or damage resulting from the Tenant's inclusion in of their possessions such articles as explosives, dangerous articles or dangerous goods.
- g. Defective design of an article, including susceptibility to damage because of atmospheric conditions such as temperature or humidity changes.
- h. Hostile or warlike action or use of any weapon of war (in time of peace or war), terrorism, insurrection, rebellion, revolution, civil war, usurped power, and action taken in hindering, combating, or defending against such occurrences: a) by any government or sovereign power, or by authority maintaining or using military forces; b) by military forces; or, c) by an agent of such government, power, authority or forces.
- i. Seizure, confiscation or destruction under quarantine by order of any government or public authority.
- j. Strikes, lockouts, labor disturbances, riots, civil commotions or the acts of any person or persons taking part in any such occurrence or disorder.
- k. Acts of God.

Vootbox Inc. will not accept the following items:

1. Explosives.
2. Dangerous goods.
3. Property liable to damage Vootbox Inc. equipment or other property.

SECTION 2. Vootbox Inc. maximum liability shall be the actual loss or damage not exceeding \$0.60 per pound of weight of any lost or damaged article(s).

SECTION 3. The Tenant shall be responsible to indemnify Vootbox or its subcontracted moving company against any loss or damage caused by inclusion in the Tenant's possessions; explosives, dangerous articles, or dangerous goods.

SECTION 4. To receive compensation for a claim for loss or damage the Tenant must file a written claim with Vootbox within three days of completion of their relocation Claims must contain sufficient information to identify the property involved including the specific carton, if any, the article was packed in.