

RENT CLAIM

COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	FEDERAL NUMBER	PROJECT	

90 DAY OWNER - RENTS

Monthly rent & utilities of comparable	a		LUMP SUM PAYMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Actual monthly rent & utilities of replacement	b		INSTALLMENT NO.		
Lesser of a or b	c		AMOUNT THIS CLAIM	CLAIMED TO DATE	
Monthly market rent & utilities of subject	d		1		
Difference in monthly rent & utilities (c - d)	e		2		
RENT SUPPLEMENT (e times 42)			3		

90 DAY TENANT / < 90 DAY TENANT OR OWNER - RENTS

Monthly rent and utilities of comparable	a		LUMP SUM PAYMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Actual monthly rent and utilities of replacement	b		INSTALLMENT NO.		
Lesser of a or b	c		AMOUNT THIS CLAIM	CLAIMED TO DATE	
Monthly or market rent and utilities of subject	d		1		
HUD Low Income Limit			2		
Monthly household income		x 30%	e	3	
Amount of assistance received for shelter & utilities	f				
90 day Tenant: Use lesser of d or e, if applicable < 90 day Tenant/Owner: Use lesser of d or e If receiving housing assistance (f), calculate GAP payment according to RA 1003	g				
Difference in monthly rent & utilities (c-g)	h				
RENT SUPPLEMENT (h times 42)					

<input type="checkbox"/>	ADVANCED PAYMENT REQUEST: The displacees will occupy the replacement property indicated above as their permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, request payment as outlined in this application.
<input type="checkbox"/>	The displacees have occupied the replacement property indicated above as their permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, request payment as outlined in this application.