

Date: DATE

To: Occupant Name
Street Address
City, State, Zip

Subject: Item No. 00-0000.00; County Name
Project Number; Federal Project Number
Project Name
Parcel No. 000
Notice of Revised Purchase Supplement

Dear Occupant Name:

The replacement housing offer letter furnished to you on **DATE**, advised that if there was a subsequent change in the acquisition price for your property, this would be reflected in a corresponding change in the purchase supplement payment.

This letter is to advise you that your purchase supplement payment has been revised to \$0,000.00. This has been calculated by taking the amount of your acquisition price \$000,000.00 and subtracting it from the amount it would cost to purchase a replacement house, \$000,000.00 (as used in the original computation).

You may receive reimbursement of eligible, necessary, and reasonable expenses actually incurred incidental to the acquisition of a Decent, Safe and Sanitary dwelling. However, some of the Cabinet's obligation is limited to the amount of the comparable used to compute your purchase supplement payment. Reimbursement for closing costs for property purchased more than the dwelling and home site will be your responsibility.

You may receive an increased interest payment if the dwelling you occupy was encumbered by a mortgage which was a valid lien on the dwelling and home site for not less than 90 days prior to negotiations for your dwelling and home site. To receive the payment, you must obtain a mortgage on the replacement dwelling at a higher interest rate than the rate on the dwelling acquired by the Transportation Cabinet. The payment computation will be limited to the prevailing interest rate, and to the unpaid balance of the mortgage. In the case of a home equity loan, the unpaid balance will be that balance that existed 90 days prior to negotiations, or the unpaid balance on the date of acquisition, whichever is less.

Should you have any questions or need further assistance, please contact me at the District Office at (000) 000-0000 or by email First.Last@KY.GOV.

Sincerely,

Occupant Name
Notice of Revised Purchase Supplement

Agent Name
Relocation Agent
KYTC – District ## Office
Street Address
City, State, Zip