



KENTUCKY TRANSPORTATION CABINET  
 Department of Highways  
 DIVISION OF RIGHT OF WAY & UTILITIES

TC 62-214  
 Rev. 05/2019  
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**REPLACEMENT HOUSING PAYMENT WORKSHEET - RESIDENTIAL**

|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
|--|---------------------------------|--|----------------------------------|---|---------------------------------------|---------------------------------------|---|----------|------------|
| COUNTY   | ITEM NO.                        | PARCEL   | NAME                             |   |                                       |                                       |   |          |            |
| PROJECT NO.  | FEDERAL NUMBER                  |  | PROJECT                          |   |                                       |                                       |   |          |            |
| <b>OCCUPANT TYPE</b>   |                                 | <b>HOME TYPE</b>   |                                  |   |                                       | <b>MH Site</b>                        |   |          |            |
| <input type="checkbox"/> Owner   | <input type="checkbox"/> Tenant | <input type="checkbox"/> SF                                    | <input type="checkbox"/> DUP     | <input type="checkbox"/> APT              | <input type="checkbox"/> OTHER        | <input type="checkbox"/> MH           | <input type="checkbox"/> Owned<br><input type="checkbox"/> Rented |          |            |
| <b>DATE OCCUPIED</b>   |                                 | <b>MORTGAGE</b>  |                                  | <b>OWNER'S NAME (If Tenant Occupied)</b>  |                                       |                                       | <b>PHONE NO.</b>  |          |            |
|  |                                 | % Rate   | Mo. Payment                      |   |                                       |                                       |   |          |            |
| <b>Number Persons in Household</b>   |                                 | <b>Number Persons Who Are Citizens and/or Lawfully Present</b> |                                  | <b>AGENT'S NAME</b>                       |                                       |                                       | <b>DATE</b>   |          |            |
|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| <b>OCCUPANTS</b>   |                                 | <b>AGE</b>   | <b>SEX</b>                       | <b>RELATIONSHIP</b>                       | <b>PHONE NUMBER</b>                   | <b>EMPLOYER / SCHOOL - CITY</b>       | <b>MO INCOME</b>  |          |            |
|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| <b>Tenant's average monthly rent and utility costs</b>   |                                 | ELEC   | GAS                              | WATER                                     | SEWER                                 | MO UTIL                               | MO RENT   | MO TOTAL | TOT INCOME |
|  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| <b>Possible Problems</b>   |                                 | <input type="checkbox"/> Income                                | <input type="checkbox"/> Elderly | <input type="checkbox"/> Large Home       | <input type="checkbox"/> Large Family | <input type="checkbox"/> Tight Market | <input type="checkbox"/> Disabled                                 |          |            |
| <b>Include utilities in rent price</b>   |                                 | <b>SUBJECT</b>   |                                  | <b>COMP</b>                               | <b>COMP</b>                           | <b>COMP</b>                           |   |          |            |
| Price  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Street Address   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| City, Zip Code   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Distance to Work - School  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| No. Stories - Ext. Walls   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| 1 <sup>st</sup> Floor Room Count - Size  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| 2 <sup>nd</sup> Floor Room Count - Size  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Bsmt Total Size - Unfin Size   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Fin Bsmt Room Count -Size  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Garage/Carport (No & Type)   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Air Conditioning   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Other  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Age - Condition  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Lot Size   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Electric - Gas   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Water - Sewer  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Is Dwelling / Site DS&S?   |                                 |  |                                  |   |                                       |                                       |   |          |            |
| Listed by / Phone  |                                 |  |                                  |   |                                       |                                       |   |          |            |
| <p><b>Correlation:</b> Thoroughly describe your analysis of the comparables, the basis for selecting the one upon which you rely, and if applicable, <u>why fewer than three comparables are used</u> using TC 62-211 (RHP Correlation Pages 3A&amp;3B). When the replacement housing payment exceeds statutory limits (\$7,200 for tenants and \$31,000 for owners), you must justify the need for using last resort housing funds.</p> |                                 |  |                                  |   |                                       |                                       |   |          |            |
| <b>Relying on Comparable No.</b>   |                                 |  |                                  | <b>A replacement dwelling / site cost</b> |                                       |                                       |   |          |            |