

Relocation Assistance Forms Review

Objectives

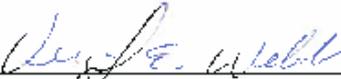
- ▶ To give an overview of the current relocation forms
 - ▶ Highlight the changes made over the past few years
 - ▶ Discuss any questions you have on the forms
 - ▶ Discuss any ideas you have for changes
- 



A Long, Long Time Ago..... >>>
Relocation forms were quite complicated

ADVANCE PAYMENT REQUEST

TC 62-88 Rev. 4/95

County PIKE	Item No. 12-12B.30	Parcel 9B	Name Ballard & Lillie Potter							
<i>A copy of the Record of Contact and appropriate documentation must accompany all advance payment requests</i>										
FIXED RATE RESIDENTIAL MOVE				NO. ROOMS	AMOUNT					
1 Room \$250	2 Rooms \$400	3 Rooms \$550	4 Rooms \$650	5 Rooms \$760	6 Rooms \$860	7 Rooms \$950	8 Rooms \$1050	Ea Addl \$100	10	1,250.00
NONRESIDENTIAL MOVE				BUS	FARM	NONPROFIT	SIGN	MISCEL.		
This check is payment for (Explain):										
IN LIEU OF MOVE PAYMENT - Complete, certified tax returns must be provided.										
PURCHASE SUPPLEMENT - 180 DAY OWNER				AMOUNT THIS CLAIM	CLAIMED TO DATE					
Maximum Purchase Supplement	14,110.00		Purchase Supplement	14,110.00	14,110.00					
Acquisition / Carry out price	38,890.00		Closing Costs		0.00					
Cost to Replace	53,000.00									
Actual Cost of Replacement Home	\$75,145.00		<input checked="" type="checkbox"/>	TOTAL	14,110.00	14,110.00				
DOWN PAYMENT ASSISTANCE - OWNER 90 - 180 DAYS TENANT 90 DAYS										
Amount of Down Payment				AMOUNT THIS CLAIM	CLAIMED TO DATE					
Closing Costs to be Paid										
Total to be Applied To Purchase	0.00			TOTAL		0.00				
Max. Down Payment Assistance										
RENTAL ASSISTANCE PAYMENT										
Monthly rent and utilities of comparable	a									
Actual monthly rent & utilities of replacement	b									
Lesser of a or b	c									
Monthly actual / market rent & utilities of subject	d									
Monthly household income	e	x 30 %	0							
If a tenant, what amount is designated monthly by a welfare assistance program for shelter and utilities	f									
Owner 180 Days: g = d	g									
Owner 90-180 Days: Lesser of d or e										
Tenant 90 Days: Lesser of d, e or f										
Difference in monthly rent and utilities	h		0							
Rent Supplement (h times 42)			0.00							0.00
TOTAL AMOUNT REQUESTED				\$15,360.00						
Explain why payment is needed in advance										
To assist elderly couple by having funds available at time of occupancy for settlement of accounts.										
I certify the displaced person meets eligibility requirements and requests payment in advance in the amount(s) indicated above. I further certify the information contained herein has been verified and recommend payment in advance.										
 _____ Relocation Agent								_____ 7/10/96 Date		

PURCHASE CLAIM

COUNTY PIKE	ITEM NO. 12-0128.30	PARCEL NO. 88	NAME Ballard & Lillie Potter
Address of replacement dwelling / site		Hwy 610; Dorton, Ky.	
Did owner retain dwelling?		No <i>If Yes, complete Page 2. Complete Parts A and B for all interest claims.</i>	

PURCHASE SUPPLEMENT – 180 DAY OWNER

PART A Reduce old mortgages to the ratio the residential carve out bears to the total BV for Yes answers in Part A.

Is this a partial taking from a typical size homesite, and the entire mortgage is not required to be paid off?

Is this a partial taking from a larger than typical size homesite?

Are both the FMV and mortgage based on a higher and better use?

Is this a multi-use property?

Res. Carve Out	+	Before Value	=	Ratio	*	Mortgage Balance	Prorated Balance
				??			0.00

PART B Attach the New Mortgage (NM) Toolbox printout to document increased interest cost claims.

- Use NM Toolbox, old mortgage balance for prorated balance, old interest rate, and old monthly P&I payment to determine computed remaining old term (months).
- Computed old term is shorter - Use NM Toolbox, and actual old mortgage facts for prorated balance for OLD. For NEW use new mortgage, rate and points, but old (shorter) term to calculate the interest payment. *Skip 3.*
- New term is shorter - Use NM Toolbox, and old mortgage balance for prorated balance and rate, but new (shorter) term to calculate a hypothetical old monthly P&I payment. Use the hypothetical monthly payment, new rate and new term to calculate the amount needed to finance and the interest payment.
- New mortgage smaller than amount needed to finance - NM Toolbox prorates the interest payment for you.
- A New Mortgage Toolbox print out was provided to the displaced person on:

Maximum purchase supplement	14,110.00		AMOUNT THIS CLAIM	CLAIMED TO DATE
Acq. / carve out price	38,890.00			
Cost to replace	53,000	Purchase Supplement	14,110.00	14,110.00
Actual Cost of Replacement Home	\$75,145.00	Closing Costs		0.00
<i>NOTE: Purchaser's points, loan origination, discount and association fees. Pay as interest expense based on factor of 1. Accrue on old mortgage - Accrue on 2. New Mortgage</i>		Interest Payment	0	0.00
		TOTAL	14,110.00	14,110.00

DOWN PAYMENT ASSISTANCE – OWNER 90 - 180 DAYS TENANT 90 DAYS

Amount of down payment			AMOUNT THIS CLAIM	CLAIMED TO DATE
Amount of closing costs paid				
Total Applied toward Purchase	0	Down Payment Assistance	0	0.00
Max. down payment assistance				

I certify I have occupied / will occupy the replacement property indicated above as my permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, request payment / acknowledge receipt of payment as outlined in this application.

Ballard Potter 8-1-96
Displaced Person (Signature) Date

PURCHASE CLAIM

Kentucky Transportation Cabinet (R-O-W)

TC 62-70 Page 1 Rev 1/95

COUNTY PIKE	ITEM NO. 12-0128.30	PARCEL NO. 98	NAME Ballard & Lillie Potter
Address of replacement dwelling / site		Hwy 610; Dorton, Ky.	
Did owner retain dwelling?	No	If Yes, complete Page 2. Complete Parts A and B for all interest claims.	

PURCHASE SUPPLEMENT -- 180 DAY OWNER

PART A Reduce old mortgages to the ratio the residential carve out bears to the total BV for Yes answers in Part A.

Is this a partial taking from a typical size homestead, and the entire mortgage is not required to be paid off?

Is this a partial taking from a larger than typical size homestead?

Are both the FMV and mortgage based on a higher and better use?

Is this a multi-use property?

Res. Carve Out	÷	Before Value	=	Ratio	×	Mortgage Balance	Prorated Balance
				??			0.00

PART B Attach the New Mortgage (NM) Toolbox printout to document increased interest cost claims.

1 Use NM Toolbox, old mortgage balance for prorated balance, old interest rate, and old monthly P&I payment to determine computed remaining old term (months).

2 Computed old term is shorter - Use NM Toolbox, and actual old mortgage facts (for prorated balance) for OLD. For NEW use new mortgage, rate and points, but old (shorter) term to calculate the interest payment. Skip 3.

3 New term is shorter - Use NM Toolbox, and old mortgage balance for prorated balance and rate, but new (shorter) term to calculate a hypothetical old monthly P&I payment. Use the hypothetical monthly payment, new rate and new term to calculate the amount needed to finance and the interest payment.

4 New mortgage smaller than amount needed to finance - NM Toolbox prorates the interest payment for you.

5 A New Mortgage Toolbox print out was provided to the displaced person on:

Maximum purchase supplement	14,110.00		AMOUNT THIS CLAIM	CLAIMED TO DATE
Acq. / carve out price	38,890.00			
Cost to replace	53,000	Purchase Supplement	0.00	14,110.00
Actual Cost of Replacement Home	\$75,145.00	Closing Costs	2,308.70	2,308.70
NOTE: Purchaser's costs, less original discount and acquisition fees. Pay an interest payment based on lesser of: 1. Prorating old mortgage - buydown, or 2. New mortgage.		Interest Payment	0.00	0.00
		TOTAL	2,308.70	16,418.70

DOWN PAYMENT ASSISTANCE -- OWNER 90 - 180 DAYS TENANT 90 DAYS

Amount of down payment			AMOUNT THIS CLAIM	CLAIMED TO DATE
Amount of closing costs paid				
Total Applied toward Purchase	0	Down Payment Assistance	0	0.00
Max. down payment assistance				

I certify I have occupied / will occupy the replacement property indicated above as my permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, request payment / acknowledge receipt of payment as outlined in this application.

Lillie Potter

Displaced Person (Signature)

8/12/96

Date

MOVE CLAIM - RESIDENTIAL

Kentucky Transportation Cabinet (R-O-VI)

TC 62-89 Rev. 1/96

COUNTY PIKE	ITEM NO. 12-012B.30	PARCEL 98	NAME Ballard & Lillie Potter								
<p>MOVE AGREEMENT: I agree to move and accept payment of moving expenses as indicated below.</p> <p style="text-align: center;"> <u>6-19-1996</u> <u>Lillie Potter</u> <i>Approximate Move Date</i> <i>Today's Date</i> <i>Displaced Person</i> </p>											
<p>MOVE METHOD — Regardless of method used to move, an inventory must accompany all claims for personal property when the volume of items moved exceeds the equivalent of ten (10) rooms.</p>											
Commercial	Actual, reasonable reimbursement supported by documentation of the actual costs for the move, insurance, storage (with prior approval), removal and reinstallation of personal property and transportation. Inventory required for more than 10 rooms.				AMOUNT						
Utility service connection charges for:											
Make Payment to:											
16 Fixed-Rate	Conventional dwellings when occupant owns furniture. Tenant occupied mobile home.										
	1	2	3	4	5	6	7	8	Est. Addl.	No. Rm.	
	\$250	\$400	\$550	\$650	\$750	\$850	\$950	\$1050	\$100	10	\$1250.00
Identify all rooms and attach a certified inventory when total count exceeds ten rooms.											
Sleeping Room	Occupant doesn't own furniture.							1	Est. Addl.	No. Rm.	
								\$225	\$35		
Identify all rooms when total count exceeds one room.											
Mobile Home	Actual, reasonable reimbursement supported by documentation of the actual costs for the move, insurance, storage (with prior approval), removal and reinstallation of personal property and transportation.										
Utility service connection charges for:											
Transportation		miles	x		¢ per mile						
	Meals for			days		Person(s)					
	Lodging for			days		Person(s)					Total
<p>PAYMENT FOR MOVE: I certify my personal property has been moved and request / acknowledge receipt of moving expense reimbursement as indicated below.</p> <p style="text-align: center;"> <u>8/12/96</u> <u>\$1250.00</u> <u>8/12/96</u> <u>X Lillie Potter</u> <i>Date Moved</i> <i>Payment Amount</i> <i>Today's Date</i> <i>Displaced Person</i> </p>											
<p>VERIFICATION OF MOVE: I certify the information contained herein was verified before payment was made.</p> <p style="text-align: right;"> <u>Cheryl A. Webb</u> <i>Relocation Agent</i> </p>											

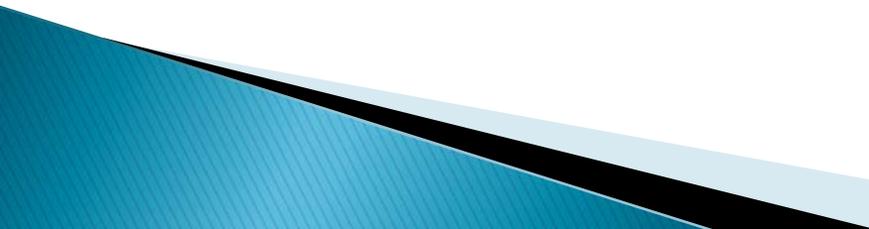
COUNTY PIKE	ITEM NO 12-0128.30	PARCEL 98M	NAME Ballard Potter, et al			
TYPE OF MOVE	BUSINESS	NONPROFIT	FARM	BILLBOARD	<input checked="" type="checkbox"/> MISCELLANEOUS	
MOVING, SEARCHING AND REESTABLISHMENT PAYMENTS						
PAYMENT FOR ITEMS MOVED TO NEW LOCATION — Attach certified inventory (photographs of billboards)						
<i>COMMERCIAL MOVE: Two bids required, claim supported by bills, payment made to mover</i>						
<i>APPROVED BIDS: Two bids required, owner moves for low bid</i>						
<i>STAFF ESTIMATE: One estimate required, owner moves for staff estimate - Max \$ 5,000</i>					\$1,320.00	
PAYMENT FOR ITEMS NOT MOVED BUT PROMPTLY REPLACED AT NEW LOCATION						
A. Cost of substitute items plus installation cost						
Less proceeds from sale or trade-in						
TOTAL					0.00	
B. Estimated cost of moving and reinstalling replaced items						
LESSER OF A OR B						
PLUS COST OF SALE						
PAYMENT DUE FOR ITEMS REPLACED AT NEW LOCATION					0.00	
PAYMENT FOR ITEMS NOT MOVED OR REPLACED AT NEW LOCATION						
A. Fair market value for continued use in place						
Less proceeds from sale or trade-in						
TOTAL					0.00	
B. Estimated cost of moving items						
LESSER OF A OR B						
PLUS COST OF SALE						
PAYMENT DUE FOR ITEMS NOT MOVED OR REPLACED AT NEW LOCATION					0.00	
ACTUAL SEARCHING EXPENSES: Certified statement required from owner for time and mileage						
TIME:		HOURS X \$		PER HOUR	0.00	
TRAVEL:		MILES X		¢ PER MILE	0.00	
MEALS AND LODGING: Receipts required						
REAL ESTATE FEES: Receipts required						
TOTAL SEARCHING EXPENSES					0.00	
PAYMENT DUE FOR SEARCHING EXPENSES — Maximum \$ 1,000						
REESTABLISHMENT EXPENSES: (List on Page 2): Small business, landlords — Maximum \$ 10,000						
TOTAL MOVING, SEARCHING AND REESTABLISHMENT PAYMENTS					\$1,320.00	
FIXED PAYMENT IN LIEU OF MOVING, SEARCHING AND REESTABLISHMENT PAYMENTS						
FIXED PAYMENT: (Calculate on Page 3): Complete tax returns required — MAXIMUM \$ 20,000					DNA	
<i>Lille Potter</i> ^{moved 8/02/96} Claimant's signature					8-12-1996 Date	

Current Relocation Forms

- ▶ There are currently 22 relocation forms
 - ▶ Revision dates range from 2005 to 2012
 - ▶ The proposed increases in statutory limits for **replacement housing payments, reestablishment expenses and in lieu of move payments** will require a revision to some of the forms
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Current Relocation Forms

Current Relocation Forms

- ▶ Forms are located on KYTC intranet
 - ▶ <https://intranet.kytc.ky.gov/apps/forms/pages/home.aspx>
 - ▶ Once revisions are made for statutory limits increases and other issues are worked out, the most current version of the forms will be mandatory when submitting payment requests.
 - ▶ CDs will be available for consultant personnel who do not have access to KYTC intranet.
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TC 62-48

Closing Statement

- ▶ Revised 09/2010
 - ▶ Moved information regarding mortgages, cost of comparable and purchase price to one location.
 - ▶ Only agent needs to sign.
- 

COUNTY	ITEM NO.	PARCEL	NAME	DATE OF CLOSING
PROJECT NO.	FEDERAL PROJECT NO.	PROJECT		
Property Location		Purchase Price		
		Earnest Deposit		
KEY		Down Payment Amount		
<i>(1) Must have had an existing mortgage</i>		Mortgage Amount		
<i>(2) Based on lesser: Old mortgage less buy down or new mortgage</i>		Cost of Comparable		
<i>(3) Based on the comparable</i>		Existing Mortgage Payoff		
CLOSING COSTS	AMOUNT CHARGED	FOR KENTUCKY TRANSPORTATION CABINET USE		
		INDICATE HOW FEES ARE ASSESSED		AMOUNT TO BE REIMBURSED
		FLAT	OTHER (Explain)	
Credit Report ⁽¹⁾				
Loan Application Fee ⁽¹⁾				
Appraisal				
Loan Origination Fee ⁽²⁾			% of	
Loan Discount Fee ⁽²⁾			% of	
Flood Certification				
Tax Service Fee				
Service Fee				
Title Exam				
Title Insurance ⁽³⁾				
Closing Fee				
Pest Inspection				
Home Inspection				
Survey				
Sales Tax ⁽³⁾				
Deed Transfer Tax ⁽³⁾				
Recording Fee				
Other:				
TOTAL CHARGES				ELIGIBLE AMOUNT
Right of Way Agent				
Date				

TC 62-50

Mortgage Interest Rates

- ▶ Revised 09/2005
- ▶ No changes in required information

COUNTY		DISTRICT		DATE	
PROGRAM NO.		FEDERAL NO.		ITEM NO.	
LENDING INSTITUTION	CITY	15 YEAR FIXED		30 YEAR FIXED	
		% RATE	POINTS	% RATE	POINTS
REMARKS:	PREVAILING RATE*				

Agent _____

Date _____

*Prevailing rate: An interest rate and point combination commonly available in the area. May be a range of rates and points.

TC 62-58

Rent Certification

- ▶ Revised 09/2005
- ▶ Incorporated information into one area
- ▶ Indicate if certification is for subject or replacement property

COUNTY	ITEM NO.	PARCEL	PROGRAM NO.	FEDERAL PROJECT NO.
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FOR CERTIFICATION BY OWNER OF PROPERTY FROM:

<input type="checkbox"/>	SUBJECT RESIDENCE	<input type="checkbox"/>	REPLACEMENT RESIDENCE
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For certification by owner of property from which tenants are being displaced

I certify that:

Occupy a dwelling, unit, or site located at:

They moved into this property:

And pay monthly rent of:

The average monthly utility costs for this property are:	ELECTRIC	GAS / OIL	WATER	SEWER

The monthly rent includes these utilities:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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If displacee moves into a facility that provides items other than utilities (such as personal care assistance and food in nursing homes), an estimated breakdown of the monthly cost attributed to rent and utilities only must be attached to this form before a rent claim can be approved.

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Signature of Property Owner

Date

TC 62-59

Mortgage Information

- ▶ Revised 09/2005
- ▶ Added the authorization statement so agent can assist in obtaining mortgage information to determine if eligible for mortgage interest differential payment.

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

AUTHORIZATION:

My signature below authorizes the Kentucky Transportation Cabinet, Division of Right of Way and Utilities, to obtain the following information regarding my loan(s) with your institution.

_____ *Displaced Person's Signature*

_____ *Date*

	EXISTING MORTGAGE(s)			NEW MORTGAGE			
	# 1	# 2	# 3				
Date mortgage taken out							
Original mortgage amount							
Term (number of years)							
Type of loan (see below)							
What was the status of the following items WHEN THE LOAN WAS PAID OFF?				Annual Interest Rate:			
				Points:			
Date of payoff							
Principal balance							
Amount of monthly principal and interest payment							
Annual interest rate							
IF A HOME EQUITY LOAN, what was the status of the following items on: <i>(Insert date 180 days prior to initiation of negotiations)</i>							
Principal balance							
Amount of monthly principal and interest payment							
Annual interest rate							

FR=Fixed Rate ARM=Adjustable Rate RR=Renegotiable Rate GP=Graduated Payment BP=Balloon Payment
HE=Home Equity (Indicate if more than one applies, i.e., ARM/BP). Please explain type of loan if not one on this list.

The above information is a complete, true and accurate account of this transaction.

By: _____

_____ Lending Institution

Title: _____

TC 62-63

Comparative Data Sheet

- ▶ Revised 09/2005
- ▶ Not a required form
- ▶ Good tool for new agents to use when gathering data for replacement housing computations.

COUNTY		ITEM NUMBER		PARCEL	PROGRAM NO.		FEDERAL PROJECT NO.		
Type of Home:	SF	DUP	APT	MH	MH SITE	OTHER			
Number of Stories	1	1 ½	2	If more than 2, how many common corridor exits?					
Average monthly utility cost	ELEC	GAS	WATER	SEWER	MO UTIL	ASKING RENT/PRICE	MO RENT & UTILITIES		
Which are included in the monthly rent?									
If rental unit, include utilities in Price	COMP #			REMARKS					
Price of Dwelling / Site									
Street Address									
City, Zip Code									
Distance to Work - School									
No. Stories - Exterior Walls									
1 st Floor Room Count - Size									
2 nd Floor Room Count - Size									
Finished Basement Room Count - Fin. Size									
Total Basement % Basement - Unfin. Size									
Garage / Carport Number & Type									
Air Conditioning									
Other									
Age - Condition									
Lot Size									
Electric - Gas									
Water - Sewer									
Is Dwelling / Site DS&S?									
Listed by / Phone									
Information obtained from				Date					

*SF = Single Family DUP = Duplex APT = Apartment MH = Mobile Home Other (Explain in remarks)

TC 62-67

DS&S Inspection Report

- ▶ Revised 09/2005
 - ▶ No changes
 - ▶ Please make sure to follow up any “Does Not Meet” inspections with a “Meets” inspection. It is critical that Central Office files has a copy of the “Meets” inspection report.
- 

COUNTY	ITEM NO.	PARCEL	NAME
PROGRAM NO.		FEDERAL NO.	PROJECT
Replacement property address:			

REPLACEMENT HOUSING INSPECTION

Type of Replacement Property	Type of Water Supply	No. Occupants -Adult	No. Children	Total No.	
<input type="checkbox"/> SFR <input type="checkbox"/> DUP <input type="checkbox"/> APT <input type="checkbox"/> MH <input type="checkbox"/> OTHER	<input type="checkbox"/> PUBLIC <input type="checkbox"/> CISTERN <input type="checkbox"/> WELL	M <input type="text"/> F <input type="text"/>	M <input type="text"/> F <input type="text"/>	<input type="text"/>	
Purchase Price or Monthly Rent & Utilities	Size of Lot	Typical Size Lot in Area	Size of Dwelling	No. Stories	No. Rooms / Bedrooms / Baths
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	YES	NO		YES	NO
1. Safe ingress and egress			7. Bathroom(s) a. Separate room, properly lighted and ventilated b. Privacy for users c. Fully functional sink (<i>basin</i>) d. Fully functional flush toilet e. Fully functional bathtub or shower stall f. Plumbing in good working order for water supply and sewage system		
2. If 3 or more stories, does each story have 2 exits from a common corridor					
3. Are there any barriers to a handicapped displacee					
4. Structurally sound					
5. Weather tight					
6. Kitchen a. Separate room or area for kitchen use					
b. Sink in good working order					
c. Proper connection to sewage system					
d. Proper connection to potable hot/cold water					
e. Range (<i>stove</i>) space with utility connections					
f. Refrigerator space with utility connections					
			8. Adequate number of bedrooms		
			9. Adequate heating		
			10. Safe & adequate electrical system		
			11. In good repair		

Indicate which, if any, of the above items do not apply to this dwelling:

I, the undersigned agent, have inspected the proposed replacement property to determine if this property will qualify the displacee to receive a replacement housing payment.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, this property MEETS DOES NOT MEET replacement housing standards.

REMARKS:

Relocation Agent _____

Date _____

TC 62-68

Certified Inventory

- ▶ Revised 07/2011
 - ▶ 4 pages
 - ▶ You can now copy and paste – pictures will automatically be resized.
 - ▶ Required for fixed rate moves with room counts of more than 12 rooms.
 - ▶ Must complete the origin/destination addresses
- 

COUNTY	ITEM NO.	PARCEL	NAME
STATE PROJECT NO.	FEDERAL PROJECT NO.	PROJECT	
ORIGIN (Address)			DISTANCE
DESTINATION (Address)			

I certify the items listed herein are my personal property, that all items must actually be relocated and I must certify that all items were actually moved to the above location to process my claim for payment. If at the time of the move the inventory deviates to any significant extent from this list, the agreed amount must be revised accordingly before payment can be made. I understand that any arrangement with a commercial mover is between me and the moving company, not the Transportation Cabinet. I further agree that the mover may submit the bill for this move directly to the Transportation Cabinet, Division of Right of Way for payment.

Displaced Person

Date

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TC 62-71

Rent Certification

- ▶ Revised 08/2005
- ▶ HUD low income limit (from computation)
- ▶ Advanced payment request

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

Address of replacement dwelling / site

180 DAY OWNER - RENTS

Monthly rent & utilities of comparable	a		LUMP SUM PAYMENT?	
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			
Difference in monthly rent & utilities (c - d)	e			
RENT SUPPLEMENT (e times 42)				

OWNER 90 - 180 DAYS / TENANT 90 DAYS OR MORE - RENTS

Monthly rent and utilities of comparable	a		LUMP SUM PAYMENT?	
Actual monthly rent and utilities of replacement	b		INSTALLMENT NO.	
Lesser of a or b	c		AMOUNT THIS CLAIM	CLAIMED TO DATE
Monthly market rent and utilities of subject	d			
HUD Low Income Limit				
Monthly household income		x 30%		
If tenant, amount designated for shelter and utilities by a welfare assistance program	g			
Owner: Lesser of d or f Tenant: Lesser of d or f – Use g if applicable	h			
Difference in monthly rent & utilities	i			
RENT SUPPLEMENT (h times 42)				

The displacees have occupied / 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.

ADVANCED PAYMENT REQUEST

Relocation Agent _____

Date _____

TC 62-77

Record of Contacts

- ▶ Revised 09/2005
 - ▶ 3 pages
 - ▶ No changes
 - ▶ Please complete the dates under the “All Relocations” column
- 

County		Item No.		Parcel No.	
Program No.		Federal Project No.			
Name					
BUYER'S CONTACTS		RELOCATION AGENTS' CONTACTS			
During the course of negotiations I have:		Relo Type:		Owner	Tenant
Verified the title facts	Owner occupied residential relocations		All relocations	Date	
Explained the acquisition and showed the plans	Offer is:	Total	Partial	Occupancy	
	Subject parcel is:	Typical size home site		Initial work sheet	
Viewed the property with the owner or their designated contact person	Larger than typical	Higher & Better Use		Furnished brochure	
	Multi-Use	Multi-Family		Updated work sheet	
Made the approved offer of \$	Is the remainder declared an uneconomic remnant?			Notice of intent	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DNA	Offer to purchase	
Made an offer to purchase the uneconomic remnant	Is the remaining home site a buildable lot?			Relocation offer	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DNA	Offered adv. Asst.	
Explained eligibility and procedures for claiming reimbursement of incidental expenses			Total Acq	Partial Acq	Declined
	Amount of FMV Offer				Accepted
Explained the owner's option to retain the improvement(s) for the(ir) salvage value, and the requirements for a performance bond, the removal requirements and the time allowed for removal	Acquisition Price			by:	
	Date revised RHP was approved			Parcel possession	
	Did owner retain dwelling?			30 Days expire	
Explained closing procedures	Amount of salvage value			Moved	
Buyer's Signature	Relocation Agents' Signatures				

Note: Each written record of contact with a property owner, tenant or contact person for either of these, is to be completed within a reasonable time. Each contact is also to include the date, time, and place of meeting, the names of all individuals present, and questions asked and answers given or not given. Buyer's contacts are to summarize the issues discussed in each meeting including the amount of the offer made, counter offers, reasons a settlement could not be reached, and any other pertinent data. Relocation assistance contacts are to summarize all issues discussed including the dates and manner in which required notices are given, the amount of each benefit offered and eligibility requirements for each benefit, and document the circumstances under which a displacee does or does not qualify for potential benefits.

Date _____ Time _____ Place _____

List all individuals present _____

Agent's Signature

TC 62-91

Relocation Assistance Opinion Survey

- ▶ Revised 08/2005
 - ▶ No changes
 - ▶ Must provide these to the displaced persons
 - ▶ Complete the top section with your name and project information
 - ▶ Addressed/stamped envelopes are available from Central Office
- 

The Kentucky Department of Highways is conducting a survey to determine how well we are doing our job. Your opinion is important, so please take a few minutes to complete this survey and return it in the postage paid envelope.

The relocation agent who worked with you was: _____ County & Item No.: _____
_____ Program _____
_____ Number: _____
_____ Federal Project: _____
Relocation Agent's Name

PLEASE ANSWER THE FOLLOWING QUESTIONS

- | YES | NO | |
|-----------|-------|---|
| 1. _____ | _____ | Were meetings between you and the relocation agent arranged at your convenience? |
| 2. _____ | _____ | Did the agent you worked with clearly explain the relocation assistance program? |
| 3. _____ | _____ | Were you given the booklet, <i>Your Benefits as a Highway Displacee</i> ? |
| 4. _____ | _____ | Did you receive a letter that described the relocation benefits available to you, and the requirements for you to be eligible for those benefits? |
| 5. _____ | _____ | Did that letter also guarantee you at least 90 days in which to relocate? |
| 6. _____ | _____ | Did the relocation assistance agent respond to your concerns and questions in a timely manner? |
| 7. _____ | _____ | Was the agent courteous and helpful? |
| 8. _____ | _____ | Do you feel the agent was knowledgeable of the relocation assistance program? |
| 9. _____ | _____ | Did you receive a written, 30-day notice to vacate? <i>(If you moved in less than 60 days, please mark "DNA" in Number 9.)</i> |
| 10. _____ | _____ | Were relocation payment(s) made within the time period explained by the relocation agent? |

Overall, how would you rate the way your relocation was handled? (Circle One)

Poor Fair Good Excellent

Please feel free to make any comments about your relocation, or how we might improve our handling of the relocation assistance program. *(Use the back, if necessary, for additional comments)*

We appreciate your taking time to give us your opinion.

Your name (optional)

TC 62-97

Relocation Project Summary

- ▶ Revised 09/2005
 - ▶ No changes
 - ▶ Provide with Acquisition Stage Relocation Report
 - ▶ Updated quarterly to Central Office
 - ▶ Can post the updates on Project Wise
- 

TC 62-99

Move Claim Residential

- ▶ Revised 07/2012
 - ▶ Updated to reflect new fixed rate move amounts.
 - ▶ Verification of move statement and advanced payment request area for agent's signature
- 

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

MOVE METHOD - Regardless of method used to move, an inventory must accompany all claims for payment when the volume of items moved exceeds the equivalent of twelve (12) rooms. For fixed rate moves, agent's contacts must identify each room used to establish the amount of the move payment.

Commercial	Actual, reasonable reimbursement supported by documentation of the actual costs for the move, insurance, storage (<i>with prior approval</i>), removal and reinstallation of personal property and transportation. Inventory required for more than 12 rooms.					AMOUNT					
	Utility service connection charges for:										
	Make Payment to:										
Storage	With prior CO approval, claim supported by bill, 1 year maximum, payment made to owner										
Fixed-Rate	Conventional dwellings when occupant owns furniture. Tenant occupied mobile home.										
	1 Room	2 Rooms	3 Rooms	4 Rooms	5 Rooms	6 Rooms	7 Rooms	8 Rooms	Each Addl	No Rooms	
	\$500	\$700	\$900	\$1100	\$1300	\$1500	\$1700	\$1900	\$200		
	Identify each room in Contacts, and when total count exceeds twelve (12) rooms, attach a certified inventory.										
Sleeping Room	Occupant doesn't own furniture.					1 Room	Each Addl	No Rooms			
	Identify each room in Contacts, when more than 1 room.					\$350	\$50				
Mobile Home	Actual, reasonable reimbursement supported by documentation of the actual costs for the move, insurance, storage (<i>with prior approval</i>), removal and reinstallation of personal property and transportation.										
	Make Payment to:										
	Utility service connection charges for:										
Miscellaneous Move	Actual, reasonable reimbursement supported by staff estimate. One estimate required - owner moves for amount of estimate. Maximum \$10,000										
Transportation		miles	x		Cents per mile						
	Meals for			days	Person(s)						
	Lodging for			days	Person(s)		Total				

VERIFICATION OF MOVE: I have verified the information contained herein and will verify the completion of the move before payment is made.

ADVANCED PAYMENT REQUEST

Agent

Date

TC 62-206

Moving Expense Estimate/Bid

- ▶ Revised 08/2010
 - ▶ Separated categories of move – Residential or Nonresidential
 - ▶ Separate areas for commercial bids and staff estimates
 - ▶ Basis of estimate – There is no longer a Tariff Manual – must list moving company on which rates were based.
- 

COUNTY	ITEM NO.	PARCEL NO.	NAME		
PROGRAM	FEDERAL NUMBER		PROJECT		
ORIGIN (Address)		DESTINATION (Address)		DISTANCE	
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL HOUSEHOLD	<input type="checkbox"/> MISCELLANEOUS		<input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> NONRESIDENTIAL	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> FARM	<input type="checkbox"/> NONPROFIT	<input type="checkbox"/> BILLBOARD/SIGN	<input type="checkbox"/> MISC.
Certified inventory required for all moves other than billboards. Attach photographs of billboard/sign. Attach commercial bids.					
<input type="checkbox"/> COMMERCIAL BIDS: Two bids required if move exceeds \$10,000; one bid required if less than \$10,000					
Commercial Bidder's Name		Bidder's Address		Amount of Bid	
COMMERCIAL MOVE BID IS APPROVED IN THE AMOUNT OF:					
<input type="checkbox"/> STAFF ESTIMATE: One Required - Limit \$10,000					
ITEM	PER HR/ITEM	NO.	UNIT	HRLY/ITEM COST	
				TOTAL ESTIMATED COST	
BASIS OF ESTIMATE AND REMARKS:					
STAFF MOVE ESTIMATE IS APPROVED IN THE AMOUNT OF:					
			For Central Office Use:		
Relocation Agent Estimator		Date			
Relocation Agent		Date			
Project Manager		Date			
Right of Way Specialist		Date			
			Central Office Relocation Specialist		Date

TC 62-207

Nonresidential Payment Request

- ▶ Revised 11 / 2005
- ▶ 3 pages
- ▶ Advanced Payment Request
- ▶ Broken into 3 categories
 - Move
 - Reestablishment
 - In Lieu of Move

COUNTY	ITEM NO.	PARCEL	NAME			
PROJECT NO.	FEDERAL PROJECT NO.		PROJECT			
TYPE OF MOVE	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> NONPROFIT	<input type="checkbox"/> FARM	<input type="checkbox"/> SIGN	<input type="checkbox"/> MISCELLANEOUS	
MOVING, SEARCHING AND REESTABLISHMENT PAYMENTS						
PAYMENT FOR ITEMS MOVED TO NEW LOCATION - Attach certified inventory (photographs of billboards)						
COMMERCIAL MOVE: Two bids required if move exceeds \$10,000, claim supported by bills, payment made to mover						
APPROVED BIDS: Two bids required if move exceeds \$10,000, owner moves for low bid						
STAFF ESTIMATE: One estimate required, owner moves for staff estimate - Maximum \$10,000						
ACTUAL COST MOVE: Reasonable expenses incurred, such as but not limited to: utilities from right of way line; licenses, fees, permits; feasibility surveys, soil testing, marketing studies; professional services to purchase/lease replacement site; and impact fees or one-time assessments for anticipated heavy utility usage. Claim supported by bills and receipts, payment made to owner.						
STORAGE: CO approval required, claim supported by bill, 1 year maximum, payment made to owner						
SUBSTITUTE PERSONAL PROPERTY PAYMENT (for items not moved but promptly replaced at new location)						
A. Cost of substitute items plus installation cost						
Less proceeds from sale or trade-in						
TOTAL						
B. Estimated cost of moving and reinstalling replaced items						
Lesser of A or B						
Plus Cost of Sale						
PAYMENT FOR ITEMS REPLACED AT NEW LOCATION						
DIRECT LOSS OF TANGIBLE PERSONAL PROPERTY PAYMENT (for items not moved or replaced at new location)						
A. Fair market value for continued use in place						
Less proceeds from sale or trade-in						
TOTAL						
B. Estimated cost of moving items						
Lesser of A or B						
Plus Cost of Sale						
PAYMENT FOR ITEMS NOT MOVED OR REPLACED AT NEW LOCATION						
ACTUAL SEARCHING EXPENSES: Certified statement required from owner for time and mileage						
TIME:		HOURS	X \$		PER HOUR	
TRAVEL:		MILES	X ¢		PER MILE	
MEALS AND LODGING: Receipts required						
REAL ESTATE FEES: Receipts required						
TOTAL SEARCHING EXPENSES						
PAYMENT DUE FOR SEARCHING EXPENSES - Maximum \$ 2,500						
REESTABLISHMENT EXPENSES: (List on Page 2): Small businesses, landlords - Maximum \$ 10,000						
TOTAL PAYMENTS FOR:	<input type="checkbox"/>	MOVING	<input type="checkbox"/>	SEARCHING	<input type="checkbox"/>	REESTABLISHMENT
FIXED PAYMENT IN LIEU OF MOVING, SEARCHING AND REESTABLISHMENT PAYMENTS						
FIXED PAYMENT: (Calculate on Page 3): Complete, certified tax returns required - MAXIMUM \$ 20,000						
<input type="checkbox"/> ADVANCED PAYMENT REQUEST						
Date Move Completed		Agent's signature		Date Signed		

REESTABLISHMENT EXPENSES *Small businesses, farms or nonprofit organizations*

1	Repairs or improvements to the replacement real property required by Federal, State or local law, code or ordinance		
2	Modifications to the replacement property to accommodate the business operation or make the replacement structure suitable for conducting business		
3	Construction and installation costs for exterior signing to advertise business		
4	Redecoration or replacement of soiled or worn surfaces at the replacement site; such as paint, paneling, or carpet		
5	Advertisement of the replacement location		
6	Increased cost of operation first two years at replacement site <i>(lease, taxes, insurance, utilities)</i>		
7	Other items the Cabinet considers essential to reestablish the business		
TOTAL EXPENSES INCURRED TO REESTABLISH BUSINESS			
PAYMENT DUE FOR REESTABLISHMENT EXPENSES - Maximum \$ 10,000			

FIXED PAYMENT IN LIEU OF MOVING, SEARCHING AND REESTABLISHMENT PAYMENTS

TYPE OF OPERATION:	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> FARM	<input type="checkbox"/> NONPROFIT ORGANIZATION
--------------------	-----------------------------------	-------------------------------	---

NAME OF BUSINESS:		YES	NO
1.	Does this business own/rent personal property which must be moved and for which an expense will be incurred?		
2.	Will this business be required to vacate or relocate from its displacement site?		
3.	Will relocation cause this business to suffer a substantial loss of its existing patronage?		
4.	Is this business part of a commercial enterprise having more than three other entities which are not being acquired, and which are under the same ownership and engaged in the same or similar business activities?		
5.	Is this business operated at a displacement dwelling or site solely for the purpose of renting such dwelling or site to others?		
6.	Did this business contribute materially to the income of the displaced person during the two taxable years prior to displacement?		
7.	Are this business's premises or equipment shared with another entity? <i>(If No, skip 8-10)</i>		
8.	Are substantially identical or interrelated business functions carried out and business and financial affairs commingled with another business?		
9.	Are multiple entities held out to the public, and to those customarily dealing with them, as one business?		
10.	Does the same person or closely related person own, control or manage affairs of the entities?		

Payment requests must be supported by documents in the form of complete, certified tax returns.

FARM'S PRINCIPAL PRODUCT:		YES	NO
1.	Does this farm have personal property which must be moved and for which an expense will be incurred?		
2.	Will this farm be required to vacate or relocate from its displacement site?		
3.	Did this farm contribute materially to the income of the displaced person during the two taxable years prior to displacement?		
4.	Is this farm being acquired in its entirety? <i>(If Yes, skip 5 and 6)</i>		
5.	Did this partial acquisition cause the operator to be displaced from the farm operation on the remaining land? <i>(Use additional page to explain)</i>		
6.	Did this partial acquisition cause a substantial change in the nature of the farm operation? <i>(Use additional page to explain)</i>		

Payment requests must be supported by documents in the form of complete, certified tax returns.

NAME OF NONPROFIT ORGANIZATION:		YES	NO
1.	Will relocation cause this organization to suffer a substantial loss of its existing membership or clientele?		

Payments in excess of \$ 1,000 must be supported with financial statements for the two 12 month periods prior to displacement. Payment will be the average of two years annual gross revenues less administrative expenses.

PAYMENT CALCULATION

YEAR OF DISPLACEMENT

TWO YEAR OR MORE OPERATION			LESS THAN TWO YEAR OPERATION		
A.	Net earnings for taxable year immediately preceding displacement		A.	Net earnings for months in operation prior to year displaced	
B.	Net earnings for second taxable year preceding displacement		B.	Months in operation	
C.	Total 2-year net earnings (A+B)		C.	Average Monthly Income (A / B)	
AVG. NET EARNINGS (C divided by 2)			AVG. NET EARNINGS (C times 12)		

TOTAL FIXED PAYMENT Minimum \$ 1,000 - Maximum \$ 20,000

TC 62-208

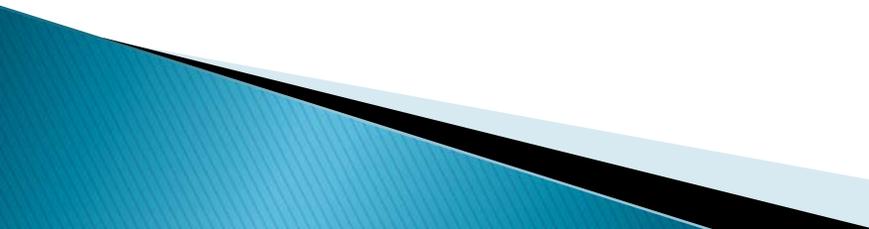
Nonresidential Worksheet

- ▶ Revised 09/2010
- ▶ Allows certification of residency on worksheet
- ▶ Important to document replacement needs of business on worksheet

COUNTY	ITEM NO.	PARCEL NO.	NAME		
PROGRAM	FEDERAL NUMBER		PROJECT		
TYPE OF OPERATION		PROPERTY ADDRESS		PHONE	
OCCUPANT TYPE	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	Owner of Business:		
BUSINESS TYPE	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	# of PARTNERS:	<input type="checkbox"/> Corporation
CITIZEN (S) of US:	ALIEN (S) LAWFULLY PRESENT IN US:	NON US CITIZEN (S) PRESENT IN US:	<input type="checkbox"/> Is established pursuant to State law and is authorized to conduct business in US (CORP only)		
PROPERTY OWNER'S NAME, ADDRESS AND PHONE		TERMS OF LEASE	FEDERAL TAX ID NUMBER		
		DATE OF OCCUPANCY			
TYPE OF MOVE	<input type="checkbox"/> Business	<input type="checkbox"/> Farm	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Billboard	<input type="checkbox"/> Miscellaneous
	Present Location		Replacement Needs		
Zoning					
Licensing Requirements					
Permit Requirements					
Certification Requirements					
Special Utility Req.					
Lot Size					
Entrances (No. & Size)					
Special Loading Areas					
Fencing					
Exterior Lighting					
Parking Spaces					
Environmental Problems					
Building Size – Cost					
Building Description					
ADA Accessible					
No. Restrooms					
Special Needs					
Other					
Number of Employees	Advertising Methods		Best to move		
Similar Businesses?			Net Income		
			Net Income		
Personal property owned			Who maintains premises?		
Frequency of Visits					
OTHER:					
Agent		Date		Updated by	

TC 62-210

Relocation Benefits Summary

- ▶ Created 11 / 2005
 - ▶ Replaced the requirement of displaced signing each claim form.
 - ▶ Combined all benefits into one sheet which allows agents to record check information and certify.
 - ▶ Required to be sent to Central Office with a complete Record of Contacts to close parcel.
- 

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

I certify that I have received the following checks representing approved Relocation Benefits from the Commonwealth of Kentucky:

RESIDENTIAL RELOCATION				
Replacement Housing Payment	CHECK NUMBER		DATE	AMOUNT
Incidental Expenses	CHECK NUMBER		DATE	AMOUNT
Moving Expenses	CHECK NUMBER		DATE	AMOUNT
	Fixed Rate	Com Move	Mis Move	Mobile Home
Other: <i>(Explain)</i>	CHECK NUMBER		DATE	AMOUNT

I certify that I have occupied the replacement property as my permanent residence, and that all the information contained herein is true and accurate to the best of my knowledge. I, therefore, acknowledge receipt of reimbursement as outlined in this application.

I certify that all my personal property has been moved and acknowledge the receipt of moving expense reimbursement as outlined in this application.

NON-RESIDENTIAL RELOCATION				
Moving Expenses	CHECK NUMBER		DATE	AMOUNT
	Com Move	Act Cost	Staff Est	Storage
Re-establishment Expenses	CHECK NUMBER		DATE	AMOUNT
In Lieu Of Payment	CHECK NUMBER		DATE	AMOUNT
Other: <i>(Explain)</i>	CHECK NUMBER		DATE	AMOUNT

Displacee's Signature
Date
Agent's Signature

TC 62-211

Replacement Housing Payment Computation Correlation

- ▶ Revised 07/2011
 - ▶ 6 pages
 - ▶ Pages 3 through 6 allow sketches/pictures to be inserted.
- 

COUNTY

ITEM NO.

PARCEL

CORRELATION (Continuation Page) - Insert after TC 62-214

Empty table area for correlation details.

TC 62-212

Replacement Housing Computation – Owner

- ▶ Revised 11/2005
- ▶ HUD amount needs to be considered if Less Than 180 Day Owner who rents.

Kentucky Transportation Cabinet
Division of Right of Way and Utilities
REPLACEMENT HOUSING PAYMENT COMPUTATION - OWNER

TC 62-212 Pg. 1
REV 11/05

COUNTY	ITEM NO.	PARCEL	NAME	
NAT HWY SYSTEM?	REVISION NO.	Explain reason for revision		
Length of occupancy verified by:				
180 DAY OWNER - PURCHASES				
ACQUISITION FROM TYPICAL SIZE HOMESITE		ACQUISITION FROM CARVED OUT HOMESITE		
TOTAL ACQUISITION		Area of Home Site		
Cost of Comparable		Home Site Area Acquired		
Less Acquisition Price		TOTAL ACQUISITION	PARTIAL ACQUISITION	
<i>Purchase Supplement</i>		Home Site		
PARTIAL ACQUISITION		Residence	Before Value of Carve out	
Before Value		SLI	Less After Value of Carve out	
Less After Value		Other Buildings		
Acquisition Price		Acquisition Price	Acquisition Price	
Cost of Comparable		Cost of Comparable	Cost of Comparable	
Less Acquisition Price		Less Acquisition Price	Less Acquisition Price	
<i>Purchase Supplement</i>		<i>Purchase Supplement</i>	<i>Purchase Supplement</i>	
180 DAY OWNER - RENTS		LESS THAN 180 DAY OWNER - RENTS		
Mo. rent & utilities of comparable	a	Monthly rent & utilities of comparable	a	
Mo. market rent & utilities of subject	b	Monthly market rent & utilities of subject	b	
Difference in mo. rent & utilities (a-b)	c	Monthly household income	x 30%	c
Rent Supplement (c times 42)		HUD Low Income Limit Amount (to qualify for 30% must meet HUD established Low Income Limit)		d
If displaced person will not give household income, use market rent. Explain basis for market rent in remarks column. Rent payment to 180 day owner can't exceed \$ 5,250 unless purchase supplement exceeds \$22,500. Rent payment to less than 180 day owner can't exceed amount of purchase supplement.		Lesser of b or c		e
		Difference in monthly rent & utilities (a - d)		f
		Rent Supplement (f times 42)		
Remarks:				
I the undersigned evaluator certify that this determination of replacement value is to be used with a federal aid or state highway project; that such value is based on the indicated comparables which are decent, safe and sanitary; are available on the private market; are adequate to accommodate the displaced owner and are reasonably accessible to public services and place of employment. I further certify I have no direct, indirect, present or contemplated future personal interest in this property, nor will I benefit in any way from acquisition of this property. The finding of replacement housing cost is as of the date signed below.				
APPROVED (Rounded) TOTAL ACQ		PARTIAL ACQ		RENT
PARTIAL ACQUISITION RATIO				
Carve Out (CO)				
FMV Offer				
CO ÷ FMV Offer				
TOTAL ACQUISITION RATIO	Replacement Housing Evaluator	Date	Relocation Specialist	Date
Carve Out (CO)				
CO ÷ FMV Offer	District Right of Way Supervisor	Date	Right of Way Director	Date

TC 62-213

Replacement Housing Payment Computation – Tenant

- ▶ Revised 11/2005
- ▶ Item 4 – HUD Low Income Limit Amount
 - Agent to look up and record HUD low income amount in this line.

TC 62-214

Replacement Housing Payment Worksheet – Residential

- ▶ Revised 09/2010
 - ▶ Allows for certification of residency on worksheet
 - ▶ Important to complete all data on the subject and the comparables
- 

COUNTY	ITEM NO.	PARCEL	OCCUPANT'S NAME				PHONE	
PROGRAM	FEDERAL NUMBER		OWNER'S NAME			PHONE		
PROJECT				MO. MORTGAGE PAYMENT	DATE OCCUPIED			
Individual Certification		Family Certification			Home Type			
Citizen of US:	Number Persons in Household		<input type="checkbox"/> SF	<input type="checkbox"/> DUP	<input type="checkbox"/> APT	<input type="checkbox"/> OTHER		
Alien Lawfully Present in US	Number Persons Who Are Citizens and/or Lawfully Present		<input type="checkbox"/> MH	<input type="checkbox"/> SITE OWNED <input type="checkbox"/> SITE RENTED				
OCCUPANTS	AGE	SEX	RELATIONSHIP	SOC SEC NO	EMPLOYER / SCHOOL - CITY	MO INCOME		
<i>Tenant's average monthly rent and utility costs</i>	ELEC	GAS	WATER	SEWER	MO UTIL	MO RENT	MO TOTAL	TOT INCOME
Possible Problems	<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		
First Contact / Updated	BY:	DATE:	BY:	DATE:				
Include utilities in rent price	SUBJECT		COMP		COMP		COMP	
Price								
Street Address								
City, Zip Code								
Distance to Work - School								
No. Stories - Ext. Walls								
1 st Floor Room Count -Size								
2 nd Floor Room Count -Size								
Fin Bsmt Room Count -Size								
Bsmt (% - Unfinished 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>Correlation: 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&3B). When the replacement housing payment exceeds statutory limits (\$ 5,250 for tenants and \$ 22,500 for owners), you must justify the need for using last resort housing funds.</p>								
Relying on Comparable No.			A replacement dwelling / site cost					

TC 62-215

Replacement Housing/Down Payment Assistance Residential Claim

- ▶ Revised 09/2010
 - ▶ 2 pages
 - ▶ Be sure to complete address of replacement property and questions concerning retaining dwelling, mortgage and new interest rate.
 - ▶ Indicate if advanced payment request
 - ▶ Page 2 only needed if dwelling is retained.
- 

COUNTY	ITEM NO.	PARCEL NO.	NAME					
PROJECT NO.	FEDERAL PROJECT NO.		PROJECT					
Address of replacement property								
Is a retained dwelling to be used as the replacement property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete Page 2								
Was there a valid mortgage on the acquired property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Part A for incidental and MID payments								
Is the new interest rate higher than the old rate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Parts A and B for MID payment								
REPLACEMENT HOUSING PAYMENT -- 180 DAY OWNER								
PART A	Reduce old mortgages to the ratio the residential carve out bears to the total BV for Yes answers in Part A.							
Is this a partial taking from a typical size home site, and the entire mortgage is not required to be paid off? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Is this a partial taking from a larger than typical size home site? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Are both the FMV and mortgage based on a higher and better use? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Is this a multi-use property? <input type="checkbox"/> Yes <input type="checkbox"/> No								
RES. CARVE OUT	÷	BEFORE VALUE	=	RATIO	*	MORTGAGE BALANCE	=	PRORATED BALANCE
PART B Mortgage Interest Differential - Attach the New Mortgage (NM) Toolbox printout to document increased interest cost claims.								
1. Use NM Toolbox, old mortgage balance (or prorated balance), old interest rate, and old monthly P&I payment to determine computed remaining old term (months).								
2. Computed old term is shorter - Use NM Toolbox, and actual old mortgage facts (or prorated balance) for OLD. For NEW use new mortgage, rate and points, but old (shorter) term to calculate the interest payment. Skip 3.								
3. New term is shorter - Use NM Toolbox, and old mortgage balance (or prorated balance) and rate, but new (shorter) term to calculate a hypothetical old monthly P&I payment. Use the hypothetical monthly payment, new rate and new term to calculate the amount needed to finance and the interest payment.								
4. New mortgage smaller than amount needed to finance - NM Toolbox prorates the interest payment for you.								
5. A New Mortgage Toolbox print out was provided to the displaced person on:								
Actual Cost of Replacement Home					AMOUNT THIS CLAIM	CLAIMED TO DATE		
Cost of Comparable Dwelling			Purchase Supplement					
Acquisition Price or Carve Out Price			Closing Costs					
Maximum Purchase Supplement			Interest Payment					
<i>NOTE: Purchaser's points, loan origination, discount and assumption fees: Payment is based on lesser of: 1. Remaining old mortgage less buy down or 2. New mortgage amount</i>			Handicap Modifications					
			Total					
DOWN PAYMENT ASSISTANCE - OWNER 90 - 180 DAYS TENANT 90 DAYS								
Amount of Down Payment					AMOUNT THIS CLAIM	CLAIMED TO DATE		
Amount of Closing Costs Paid								
Total Applied Toward Purchase			Down Payment Assistance					
Maximum Down Payment Assistance								
The displacee <input type="checkbox"/> have occupied the replacement property indicated above / <input type="checkbox"/> 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"/> ADVANCED PAYMENT REQUEST								
_____ Relocation Agent			_____ Date					

TC 62-216

Request for Relocation Review/Appeal

- ▶ Revised 09/2010
 - ▶ Agent completes top section and provides to displaced person.
 - ▶ Very important to insert “Date Request Must Be Received”
 - ▶ Chapter RA 410 of Relocation Assistance Manual for appeal process
- 

TC 62-221

Relocation Payment Summary

- ▶ Revised 09/2010
 - ▶ Used for relocation payments only
 - ▶ Form is split into nonresidential and residential areas
 - ▶ Signature line for Project Manager
- 

COUNTY			ITEM NO.		PARCEL		NAME			SS / TAX ID NO.	
FUND	DEPT	UNIT	LOCATION	FUNCTION	SUB FUNCTION	PROGRAM	FEDERAL NUMBER	STATE EMP?	OWNER	TENANT	
	625	2800									
PROJECT							Make Check Payable To: <i>(name, address and phone number)</i>				
INVOICE NO.			CHECK NO.			CHECK DATE					
CHECK DELIVERED BY						DATE					
							Vendor No.				
MAIL CHECK TO: <input type="checkbox"/> DISTRICT <input type="checkbox"/> CONSULTANT											
Explanation/Special Instructions:											
<i>Non-Residential</i>		Amount	Termini	Object	<i>Residential</i>		Amount	Termini	Object		
Reestablishment			REXX	E792	Purchase Supplement			PSXX	E792		
In Lieu of Move			ILXX	E792	Rent Supplement			RSXX	E792		
Move Expense			NRMX	E792	Down Payment Assistance			DPXX	E792		
					Incidental Expense			IEXX	E792		
					Increased Interest			IIXX	E792		
					Last Resort Housing			LRXX	E792		
					Handicap Accessibility			HAXX	E792		
					Move Expense			RMXX	E792		
TOTAL											
All Payment Requests Must Be Submitted With Required Claim Forms and Documentation. <i>Project Manager's Approval Only Required On Fee Projects.</i>					TOTAL						
Approved in District by:					For Central Office Use						
<i>Right of Way Agent</i>				Date							
<i>Project Manager</i>				Date							
<i>Right of Way Supervisor</i>				Date							
					Approved By: Central Office						
					Date						

Questions and Comments