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| **COUNTY** | | | | | **ITEM NO.** | | | | **PARCEL** | | | | **NAME** | | | | | | | | | | | |
|  | | | | |  | | | |  | | | |  | | | | | | | | | | | |
| **PROJECT NO.** | | | | | **FEDERAL NUMBER** | | | | | | | | **PROJECT** | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | | |
| **REVISION NO.** | | **EXPLAIN REASON FOR REVISION** | | | | | | | | | | | | | | | | | | **LENGTH OF OCCUPANCY VERIFIED BY** | | | | |
|  | |  | | | | | | | | | | | | | | | | | |  | | | | |
| ***90 DAY OWNER - PURCHASES*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACQUISITION FROM TYPICAL SIZE HOMESITE** TOTAL ACQUISITION | | | | | | | | | | **ACQUISITION FROM CARVE OUT (Home site or major exterior attribute)** | | | | | | | | | | | | | | |
| Area of Home Site | | | |  | | | | | | | | | | |
| Cost of Comparable | | | | | |  | | | | Home Site Area Acquired | | | |  | | | | | | | | | | |
| Less Acquisition Price | | | | | |  | | | | **TOTAL ACQUISITION** | | | | | | | | **PARTIAL ACQUISITION** | | | | | | |
| ***Purchase Supplement*** | | | | | |  | | | | Home Site | | | |  | | | | Before Value of  Carve out | | | | | |  |
| **PARTIAL ACQUISITION** | | | | | | | | | | Residence | | | |  | | | |
| 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 | | | | | |  |
| ***Purchase Supplement*** | | | | | |  | | | | Purchase Supplement | | | |  | | | | **Purchase Supplement** | | | | | |  |
| ***90 DAY OWNER - RENTS*** | | | | | | | | | | ***LESS THAN 90 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 |  | | | HUD Low Income Limit Amount *(to qualify for 30% must meet HUD established Low Income Limit)*       ÷ 12 = | | | | | | | | | | | | c | |  |
| ***Rent Supplement (c times 42)*** | | | | | | |  | | | Monthly household income | | | | | | |  | | X 30% | | | d | |  |
| *Rent Calculations for Owner Occupants:*  *90 day owner – rent supplement cannot exceed approved calculated purchase supplement.*  *< 90 day owner – Rent supplement calculated only if determined to meet HUD low income standards.* | | | | | | | | | | Lesser of b or d | | | | | | | | | | | | e | |  |
| Difference in monthly rent & utilities *(a - e)* | | | | | | | | | | | | **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 |  | | | Relocation Agent | | | | | | | Date | | | |  | | | | | | |  | | |
| CO ÷ FMV Offer |  | | |  | | | | | | |  | | | |  | | | | | | |  | | |
| **TOTAL ACQUISITION RATIO** | | | |  | | | | | | |  | | | | Central Office | | | | | | | Date | | |
|  | | | | | | |  | | | |  | | | | | | |  | | |
| Carve Out (CO) |  | | | Project Manager | | | | | | | Date | | | |  | | | | | | |  | | |
| FMV Offer |  | | |  | | | | | | |  | | | |  | | | | | | |  | | |
| CO ÷ FMV Offer |  | | |  | | | | | | |  | | | |  | | | | | | |  | | |
|  |  | | |  | | | | | | |  | | | |  | | | | | | |  | | |
|  | | | | Right of Way Supervisor | | | | | | | Date | | | | Right of Way Director | | | | | | | Date | | |