|  |  |  |  |
| --- | --- | --- | --- |
| **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 |