



REPLACEMENT HOUSING PAYMENT COMPUTATION – OWNER

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)		
Cost of Comparable			Area of Home Site		
Less Acquisition Price			Home Site Area Acquired		
Purchase Supplement			TOTAL ACQUISITION		PARTIAL ACQUISITION
PARTIAL ACQUISITION			Home Site		Before Value of Carve out
Before Value			Residence		
Less After Value			SLI		Less After Value of Carve out
Acquisition Price			Other Buildings		
Cost of Comparable			Acquisition Price		Acquisition Price
Less Acquisition Price			Cost of Comparable		Cost of Comparable
Purchase Supplement			Less Acquisition Price		Less Acquisition Price
			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	
<i>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.</i>			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						
Carve Out (CO)	Project Manager	Date		Central Office	Date	
FMV Offer						
CO ÷ FMV Offer						
	Right of Way Supervisor	Date		Right of Way Director	Date	