



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 of Carve out	
Less After Value		SLI			
Acquisition Price		Other Buildings		Acquisition Price	
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)	Relocation Agent	Date	
FMV Offer			
CO ÷ FMV Offer	Central Office	Date	
TOTAL ACQUISITION RATIO			
Carve Out (CO)	Project Manager	Date	
FMV Offer			
CO ÷ FMV Offer	Right of Way Supervisor	Date	Right of Way Director Date