



REPLACEMENT HOUSING PAYMENT COMPUTATION - TENANT

COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	FEDERAL NUMBER		PROJECT
REVISION NO.	EXPLAIN REASON FOR REVISION		LENGTH OF OCCUPANCY VERIFIED BY
Tenant 90 Days	Use actual rent or market rent if displacee will not give income. Verify income if rent supplement exceeds \$ 7,200.		
Tenant < 90 Days	Payment is based entirely on income. Verify income if rent supplement exceeds \$ 7,200.		

COMPUTATION IS BASED ON: Actual Rent Market Rent (Use TC 62-211 to identify rentals used to establish fair market rent)

If applicable, explain why market rent is used

Utility information for subject provided by _____ Utility information for comp provided by _____

Explain why utility adjustments are or are not needed, and the basis for your adjustment

	SUBJECT	COMP	
			1. Monthly rent and utilities of comparable
RENT			2. Monthly rent (or market rent) and utilities of subject
ELECTRIC			3. HUD Low Income Limit Amount (to qualify for 30% must meet HUD established Low Income Limit) ÷ 12 =
GAS/OIL			4. Gross monthly household income X 30%
WATER			5. Amount of assistance received for shelter & utilities
SEWER			6. 90 day tenant use lesser of Line 2 or 4 (if qualified as Low Income according to HUD). < 90 day tenant use lesser of Line 2 or 4 (if qualified as Low Income according to HUD). If receiving housing assistance (Line 5), calculate GAP payment according to RA 1003.
OTHER (Explain):			
OTHER (Explain):			
TOTAL			7. Cost of Comp less cost of subject or income limit (Subtract Line 6 from Line 1)
			8. Rent supplement (Multiply Line 7 times 42 - round up to nearest \$ 5)

REMARKS:

I the undersigned evaluator certify that this determination of replacement value is to be used with a federal aid or state highway project and that such value is based on the indicated comparables. I certify that the comparables are decent, safe and sanitary; are available on the open market; are adequate to accommodate the displaced person 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 RENT SUPPLEMENT:	PAY IN:	<input type="checkbox"/> LUMP SUM	<input type="checkbox"/> INSTALLMENTS
Relocation Agent _____ Date _____			
Project Manager _____ Date _____			
Right of Way Supervisor _____ Date _____			
Right of Way Director _____ Date _____			