

## 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	
<b>Tenant 90 Days</b>	Use actual rent or market rent if displacee will not give income. Verify income if rent supplement exceeds \$ 9,570.			
<b>Tenant &lt; 90 Days</b>	Payment is based entirely on income. Verify income if rent supplement exceeds \$ 9,570.			
COMPUTATION IS BASED ON: <input type="checkbox"/> Actual Rent <input type="checkbox"/> 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. <b>90 day tenant</b> use lesser of Line 2 or 4 (if qualified as Low Income according to HUD). <b>&lt; 90 day tenant</b> use lesser of Line 2 or 4 (if qualified as Low Income according to HUD). <b>If receiving housing assistance (Line 5), calculate GAP payment according to RA 1003.</b>	
OTHER (Explain):				
OTHER (Explain):				
<b>TOTAL</b>			7. Cost of Comp less cost of subject or income limit (Subtract Line 6 from Line 1)	
			8. <b>Rental Assistance</b> (Multiply Line 7 times 42 - round up to nearest \$ 5)	
<b>REMARKS:</b>				
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.				
<b>APPROVED RENTAL ASSISTANCE:</b>		PAY IN: <input type="checkbox"/> LUMP SUM <input type="checkbox"/> INSTALLMENTS		
Relocation Agent				
Date				
Central Office				
Date				
Project Manager				
Date				
Right of Way Supervisor		Right of Way Director		
Date		Date		