



KENTUCKY TRANSPORTATION CABINET  
 Department of Highways  
 DIVISION OF RIGHT OF WAY AND UTILITIES

TC 62-58  
 Rev. 08/2016  
 Page 1 of 1

**RENT CERTIFICATION**

COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	FEDERAL NUMBER		PROJECT

**FOR CERTIFICATION BY OWNER OF PROPERTY FROM:**

**SUBJECT RESIDENCE**                       **REPLACEMENT RESIDENCE**

**For certification by owner of property from which tenants are being displaced**

I certify that:

Occupy a dwelling, unit, or site located at:

They moved into this property:

And pay monthly rent of:

The average monthly utility costs for this property are:

**ELECTRIC**

**GAS / OIL**

**WATER**

**SEWER**

The monthly rent includes these utilities:

Yes    No

Yes    No

Yes    No

Yes    No

*If displacee moves into a facility that provides items other than utilities (such as personal care assistance and food in nursing homes), an estimated breakdown of the monthly cost attributed to rent and utilities only must be attached to this form before a rent claim can be approved.*

**Remarks:**

\_\_\_\_\_  
 Signature of Property Owner

\_\_\_\_\_  
 Date