

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

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RENT CERTIFICATION

COUNTY	ITEM NO.	PARCE	EL		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:		TRIC	GAS	/ OIL	WATER	SEWER	
The monthly rent includes these utilities:		□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		