# Relocation Assistance Forms Review

# Objectives

- To give an overview of the current relocation forms
- Highlight the changes made over the past few years
- Discuss any questions you have on the forms
- Discuss any ideas you have for changes



#### A Long, Long Time Ago..... Relocation forms were quite complicated

#### ADVANCE PAYMENT REQUEST

TC 62-88 Rev. 4/95

County Item No. Parcel			Name Delles & R. Lille II		
PIKE \$2-128.30 98 A copy of the Record of Contact and appropri	inte d	norranatatino i	Ballard & Lillia F		
			mest accompany ex		
FIXED RATE RESIDENTIAL MOVE	6 <b>P</b> A		8 Rooma Ea Addi	NO ROUMS	AMOUNT
250 \$400 \$550 \$650 \$750	986		\$1050 \$100	10	1,250.00
NONRESIDENTIAL MOVE BUS		FARM		SIGN	MISCEL.
This abook is payment for <i>(Explain):</i>					
IN LIEU OF MOVE PAYMENT - Complete	, certi	lied tax returns	must be provided.		
PURCHASE SUPPLEMENT - 180 DAY OW	NER			AMOUNT THES CLAIM	CLAIMED TO DATE
Meximum Purchase Supplement 14,11	0.00	Purchase Sup	plement	14,110.00	14,110.0
Acquisition / Carve out price 38,89	0.00	Closing Cost	\$		0.0
Cost to Replace 53,00	0.00	1			
Actual Cost of Replacement Home \$75,14	5.00	V	TOTAL	14.110.00	14,110,0
DOWN PAYMENT ASSISTANCE OWN	ier 9	0 - 180 DAYS	S TENANT 90	DAYS	
Amount of Down Payment				AMERINT	CLUGGAETT
Closing Costs to be Pald				THIS CLAIM	TODATE
Total to be Applied To Purchase	0.00				
Max. Down Payment Assistance			TOTAL		0.00
RENTAL ASSISTANCE PAYMENT					
Monthly rant and utilities of comparable		a	0000003/000		
Actual monthly rent & utilities of replacement		b			
Lesser of a o	r 6	G	# <u>N P</u>	n nu a an t-a	
Monthly actual / market rent & utilities of subject	ct	d	- Constant		ne Anna e e
Monthly household income x 30		e .	0		
If a tenant, what amount is designated monthly welfare assistance program for shelter and utilit		f			
Owner 130 Days: $g = d$					
Owner 90-180 Days: Lesser of d or e Tenant 90 Days: Lesser of d, e or	1	a		ANNOLINI THE CLARE	CLAIMEB TO DATE
Difference in monthly rent and utilities		h	0		
Rent Supplement (h times <	42)		0.00		0.00
	τοτ	AL AMOUNT	REQUESTED	\$15,	360.00
		syment is needed i		A SCORINGTE	
To assist elderly couple by having funds availab i certify the displaced person meets eligibility re- above. I further certify the information contained	quirem herein	ents and reque	sts payment in adv	ence in the emo	
() Relocation Ag	1.1.2	a succession		Date	÷

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	PIKE	12-0126	30	98		Bal	lard & Lillie Pott	ter
Add	iress of replacement (	dwelling / s	ite Hwy	610: Dorto	n, Ky.			
Эd	owner retain dwelling	g? No	If Yes, cony	xlere Page Z.	Comp	lete Parts	A and B for all in	qorest claims.
PU	RCHASE SUPPLE	MENT –	180 DAY (	OWNER				
PAI	RT A Reduce old mu	urigages to th	e ratko the resk	iential carve (	ut bear.	s to the to	tal BV for Yes and	swers in Part A.
	his a partial taking fro paid off?	om a typical	size homesite	, and the en	tire mo	rtgage is	not required to	11 - 12 Marie
ls t	his a partial taking fro	om a larger ti	van typical siz	e homesite?				
Are	both the FMV and m	nortgage basi	ed on a highe	r and better	use?			-
ls t	his a multi-use prope Rea, Carve Out		ore Velue	Ratio			A-I	Prorated Balance
	Ras. Carva Out	- Ear -	one Velue	= ??	-	Mart	gage Balance :	O.00
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Leartify 1 [\_\_] have occupied -1 [ $\searrow$ ] will occup the replacement property indicated above as my permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, [ $\bigvee$ ] request payment -1 [\_\_] acknowledge receipt of payment as outlined in this application.

Ballord Pot Displaced Person (Signature)

8-1-92 Date

	COUNTY	LITEN NO	. PARCE	L NO.		NU.NE.	
	PIKE	12-0128.	.30 9	8	B	allard & Lillie Pott	er
Add	ress of replacement d	welling / sit	te Hwy	610; Dorton, I	у.		
Did	owner retain dwelling	17 No	lf Yas, compk	sta Pago 2. Co	mplete Parts	A and B for all in	torest claims.
PU	RCHASE SUPPLEM	WENT	180 DAY O	NNER			
PAJ	RT A Reduce old mai	rigages to the	ratio the reside	ntal carve out b	ears to the t	otal BV for Yes ans	wers in Part A.
	his a partial taking from paid off?	m a typical s	ize homesite, a	and the entire	mortgage is	not required to	
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Leartify  $[-\underline{X}]$  have occupied  $[-\underline{I}]$  will occupy the replacement property indicated above as my permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore,  $[\underline{X}]$  request payment  $[-\underline{I}]$  acknowledge receipt of payment as outlined in this application.

Lielis Potter

8/12/96 Date

Displaced Person (Signature)

PIKE	ITEM N 12-0121		PAR( 9)			~_t		Sallard 3	NAME Schillie Pr	11ter	
OVE AGREEM			_	-	eot na	vment	of m				ed below.
							•			•	
				~		100		Pia	a' 1	o . ~	-
				<u>6 - 1</u>	19-	1996		Lill	ur p	. and	ll-
Αρριτοκία	nate Move De	ate		To	dey's Da	918			Displace	nd Person	
OVE METH	10D — R	egar/los	s at 1000	tănd da	ed te s	newą a	n <i>inter</i>	dory Plan	e accompo	my all clai	915 <b>far peya</b> la
ion <i>die</i> volope	Actual, rea										
	for the mo	ove, insu	rance, s	torage	(with p	rior app	roval),	removal a	and reinst	aliation of	AMOUNT
Commercial				-		entory I	equired	i for more	than 10 r	ooms.	
	Utility serv		nection c	harges	lor:						
	Make Payn										
Fixed-Rate	Convention	nal dwel 2	lings wh 3	en occu 4	ipent or	wns fun 6 1	niture.		cupied m		
are i algues i del	6250	\$400	\$550		\$750		\$950			10	7,250,00
	Identify all	rooms a	and attac	ch a cer	tified in	ventory	when	total cour	t exceeds		
Sleeping								1 1	ew Add a	No Ans	
Room	Occupant	daesn't	own furr	niture.				\$225	636		
	ídentify all	rooms	when tot	al coun	t exces	ds one	room.				
									(	1 1 -	
Mobile	Actual, rea for the mo										
Home	personal p	roperty :	and trans	sporteti	on.						
ale contra Diretti	Utility serv	viçe com	nection o	harges	før:						
Transpor telion		miles	×		¢peri	mile					
	Meals for	THIOD		davs	+ po	Perso	n (s)			10.50 0.337	i
\$ C	Lodeing fo	r		days		Perso	nís			Tatel	: 2000-01211 - 5882
	Lodeing fo		<i>.</i>						ed and r	Tatel	
AVMENT FO ceipt of mov	ving exper	use rein	nbursei	ment a	is india	ated	elow			·	
ceipt of mov	ving exper	use rein	nbursei	ment a	is india	ated	elow			·	
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ceipt of mov	ving expen	nse reir \$/250 Peyment	nburser ), <i>0-0</i> Amount	ment a	is india 8//2 Today	cated   2 / 9 4 /9 Date	elow.	X La	<u>Displace</u> N was ve	<u>P</u> ni kerson	fore payme

COUNTY		DN NOT1	PARCEL	ennicky Transportation	HAME	TC 62-67 Rev 1/
PIKE		2-0128.30	98M		Ballard Potter,	et al
TYPE OF N	IOVE	BUSINESS	NONPROFIC	FART	BILLBOARD	X MISCELLANEOUS
	MOVING	, SEARCHI	NG AND R	EESTABLISHME	NT PAYMENT	
PAYMENT FO	R ITEMS MO	VED TO NEW I	LOCATION -	Attach certified inv	rentory (photograp	hs of billbourds)
				by bills, payment may		
APPROVED E	NDS: Two blds	required, owner	r moves for low	hid		
STAFF ESTIN	AATE: One est	imate regulred, c	wher moves fo	or staff estimate - Mex	( \$ 5,000	\$1,320.00
PAYMENT FO	R ITEMS NOT	MOVED BUT	PROMPTLY F	EPLACED AT NEW	LOCATION	
A. Cost of a	ubetitute item	s plus installat	ion cost			action (1994)
Less proc	eeds from sal	e or trade-in			-	
				TOTA	£ (	00.0
B. Estimate	d cost of mov	ing and reinsta	iling replaced	nems		
	LESSER OF	A ÓR B				
	PLUS COST	OF SALE				AUCE PROFESSION
		PAYME	NT DUE FOR	ITEM'S REPLACED A	T NEW LOGATIO	W 0.00
PAYMENT FO	R ITEMS NOT	MOVED OR F	REPLACED AT	NEW LOCATION		
A. Fair marke	at value for co	intinued use In	place		5	
Less proce	eds from sale					
	11 ())/////////////////////////////////			. IO	£ (	0.00
B. Estimated	cost of movir	ng items				
	LESSER OF	A OR B				
	PLUS COST	OF SALE				10
		DUE FOR ITEM	NS NOT MOV	ED OR REPLACED	AT NEW LOCATIO	0.00 W
ACTUAL SEA	RCHING EXP	ENSES: Certiti	ed statement i	equired from owner	for time and miteag	18
TIME:		HOURS X	\$	PER HOUR		0.00 ().v.().v.(
TRAVEL:		MILES X		¢ PER MILE		0.00
		Receipts requir	eď			
REAL ESTAT	TE FEES: Rei	whits required				od prove do
				ARCHING EXPENSI		0.00
		PAYMENT DL	IE FOR SEAR	CHING EXPENSES -	– Maximum \$ 1,0	
REESTABLISH	IMENT EXPE	<b>ISES:</b> (List on i	Page 2): Small	business, landlords	– Maximum \$ 10,	000
		OTAL MOVING	G, SEARCHIN	G AND REESTABLIS	HMENT PAYMEN	/TS \$1,320.00
FIXED PAY	MENT IN L	IEU OF MO	VING, SEA	CHING AND RE	ESTABLISHME	NT PAYMENTS
FIXED PAY	MENT: (Calcol			returns required -	MAXIMUM \$ 20,	000 <b>DN</b> /
Lil	w p	otth	nord 81	196	ε	12-199
S1233	Ű.	Claimant's s				

#### MOVE CLAIM - Nonresidential - Pg 1 Kennucky Transportation Cabinet (R-O-W) TC 62-57 Rev 1/95

# **Current Relocation Forms**

- There are currently 22 relocation forms
- Revision dates range from 2005 to 2012
- The proposed increases in statutory limits for replacement housing payments, reestablishment expenses and in lieu of move payments will require a revision to some of the forms

#### **Current Relocation Forms**

# **Current Relocation Forms**

- Forms are located on KYTC intranet
- https://intranet.kytc.ky.gov/apps/forms/pages/ho me.aspx
- Once revisions are made for statutory limits increases and other issues are worked out, the most current version of the forms will be mandatory when submitting payment requests.
- CDs will be available for consultant personnel who do not have access to KYTC intranet.

## TC 62-48 Closing Statement

- Revised 09/2010
- Moved information regarding mortgages, cost of comparable and purchase price to one location.
- Only agent needs to sign.

COUNTY	ITEM NO.	PARCE	L	NAM	1E DA	TE OF CLOSING
			_			
PROJECT NO.	FEDERA	L PROJECT NO.			PROJECT	
					r	
Prop	perty Location		Purchase F			
			Earnest De			
	KEY			nent Amount		
(1) Must have had an exis (2) Based on lesser: Old r		n or now mortgogo	Mortgage A			
(3) Based on the compara		n or new mongage		ortgage Payoff		
CLOSING	AMOUNT	FC		Y TRANSPOR TE HOW FEES A	TATION CABINET U	AMOUNT TO BE
COSTS	CHARGED	FLAT OTHE	ER <i>(Explain)</i>	IE HOW FEES A	RE ASSESSED	REIMBURSED
Credit Report (1)						
Loan Application Fee (1)						
Appraisal						
Loan Origination Fee <sup>(2)</sup>			% of			
Loan Discount Fee (2)			% of			
Flood Certification						
Tax Service Fee						
Service Fee						
Title Exam						
Title Insurance (3)						
Closing Fee						
Pest Inspection						
Home Inspection						
Survey						
Sales Tax <sup>(3)</sup>						
Deed Transfer Tax <sup>(3)</sup>						
Recording Fee						
Other:						
	1					
TOTAL CHARGES	1				ELIGIBLE AMOUNT	
	•	-				•
			Т			
Right of Way Agent			Date			

## TC 62-50 Mortgage Interest Rates

- Revised 09/2005
- No changes in required information

COUNTY	DISTRICT	I	DATE		
PROGRAM NO.	FEDERAL NO.	ITEN	Л NO.		
LENDING INSTITUTION	CITY	15 YEAF	RFIXED	30 YEA	R FIXED
		% RATE	POINTS	% RATE	POINTS
				ļ	
REMARKS:	PREVAILING RATE*				

Agent

Date

## TC 62-58 Rent Certification

- Revised 09/2005
- Incorporated information into one area
- Indicate if certification is for subject or replacement property

COUNTY	ITEM NO	).	PARCEL	P	ROGRAM NO.		FEDER	RAL PROJEC	CT NO.
	<u>.</u>						<u></u>		
	FOR C	ERTIF	ICATION B			RTY FR	OM:		
SUBJECT RES	SIDENCE				REPLAC	EMENT	RESIDENC	E	
For co	ertification	by owr	ner of prop	erty from	which tenar	nts are b	eing displa	ced	
I certify that:									
Occupy a dwelling, un located at:	nit, or site								
They moved into this	property:								
And pay monthly rent	t of:								
The average monthly	,+ili+, <i>,</i>	EL	ECTRIC	GA	S / OIL	w	ATER	SE	WER
costs for this property									
The monthly rent inclu utilities:			es 🛛 No		□ No		s 🛛 No	□ Yes	
If displacee moves into homes), an estimated b rent claim can be appro	preakdown of								
Sigr	nature of Pro	operty C	Owner			C	Date		

## TC 62-59 Mortgage Information

- Revised 09/2005
- Added the authorization statement so agent can assist in obtaining mortgage information to determine if eligible for mortgage interest differential payment.

y signature below autho	nation regarding n ature	y Transportation	Cabinet, Division of R		Jtilities, to
UTHORIZATION: y signature below autho otain the following inform Displaced Person's Signa	nation regarding n ature	y Transportation ny loan <i>(s)</i> with yo	our institution.		<mark>Jtilities, to</mark>
				10	
-				ne 	-
	E	XISTING MORTO	GAGE(s)	NE MORT	
	# 1	# 2	# 3		
Date mortgage taken out					
Driginal mortgage amount					
Term (number of years)					
Type of loan <i>(see below)</i>					
What was the status of the ollowing items WHEN THE OAN WAS PAID OFF?				Annual Interest Rate: Points:	
Date of payoff				T OINS.	
Principal balance					
Amount of monthly principal and interest payment					
Annual interest rate					
IF A HOME EQUITY LOAN, what was the status of the following items on: (Insert date 180 days prior					
to initiation of negotiations)					
Principal balance Amount of monthly principal and interest payment		+		-	
Annual interest rate		-		-	
R=Fixed Rate ARM=A	djustable Rate I	RR=Renegotiable l		Payment BP=Ba	lloon Paym
The above information is				saction.	
		By:			

### TC 62-63 Comparative Data Sheet

- Revised 09/2005
- Not a required form
- Good tool for new agents to use when gathering data for replacement housing computations.

COUNTY	ITE	MNUMBER	PARC	EL	PROG	GRAM	NO.	FEDERAL P	ROJECT NO.
Type of Home:	SF	DUP	APT	_	MH		MH SITE	OTHER	
Number of Stories	1	1 1/2	2					mmon corridor ex	
Average monthly utility cost	ELEC	GAS	WA	TER	SEWE	R		ASKING RENT/PRICE	MO RENT & UTILITIES
Which are included in the monthly rent?									
lf rental unit, include u Price	tilities in	C	OMP #				RI	EMARKS	
Price of Dwelling / Sit	e								
Street Address									
City, Zip Code									
Distance to Work - Se	chool								
No. Stories - Exterior	Walls								
1 <sup>st</sup> Floor									
Room Count - S	ize								
2 <sup>nd</sup> Floor Room Count - S	izo								
Finished Basement	126								
Room Count – F	in. Size								
Total Basement % Basement - U	Infin. Size								
Garage / Carport Number & Type			•						
Air Conditioning									
Other					_				
Age – Condition Lot Size									
Electric - Gas			-						
Water - Sewer			_						
Is Dwelling / Site DS&	S?		I						
Listed by / Phone									
Information	d from							Date	

\*SF = Single Family

DUP = DUP = Apartment MH = Mobile Home

### TC 62–67 DS&S Inspection Report

- Revised 09/2005
- No changes
- Please make sure to follow up any "Does Not Meet" inspections with a "Meets" inspection.
   It is critical that Central Office files has a copy of the "Meets" inspection report.

REPLACEMENT HOUSING INSPECTION         Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Children       Total         SFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       F       Total         Purchase Price or Monthly Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dwelling       No. Rooms / Bedrooms / Be	Replacement property address:         REPLACEMENT HOUSING INSPECTION         Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Children       Total         BSR       DUP       APT       M       P       Image: Colspan="2">Image: Colspan="2">Colspan="2"         Colspan="2"       Colspan="2"         VES       NO         Colspan="2"       VES         Colspan="2"       VES       NO         Colspan="2"          VES          VES       NO         Colspan= Colspan="2"       VES         Colspan= Colspan= Colspan="2" <td <="" colspan="2" th=""><th>COUNTY</th><th>ITEM NO.</th><th>PARCEL</th><th></th><th></th><th></th><th>NAME</th><th></th><th></th><th></th></td>	<th>COUNTY</th> <th>ITEM NO.</th> <th>PARCEL</th> <th></th> <th></th> <th></th> <th>NAME</th> <th></th> <th></th> <th></th>		COUNTY	ITEM NO.	PARCEL				NAME			
Replacement property address:         REPLACEMENT HOUSING INSPECTION         Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Children       Total         SFR       DUP       APT       M       P       Image: State of Lot       Typical Size Lot in Area       Size of Dwelling       No. Stories       No. Rooms / Bedrooms / Section / Sect	Replacement property address:         REPLACEMENT HOUSING INSPECTION										_		
REPLACEMENT HOUSING INSPECTION         Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Children       Total         SFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       F       Total         Purchase Price or Monthly Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dwelling       No. Rooms / Bedrooms / Be	REPLACEMENT HOUSING INSPECTION         Type of Water Supply       No. Occupants -Adult       No. Children       Total         DSFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       F       Total         Purchase Price or Monthy Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dwelling       No. Stories       No. Rooms / Bedrooms / Bat         1       Safe ingress and egress       Image: Cister Colspan="2">And Size of Dwelling       No. Stories       No. Rooms / Bedrooms / Bat         2.       If 3 or more stories, does each story have 2 exits from a common corridor       Type of Water Supply       Type of Water Colspan="2">A separate room, properly lighted and ventilated         3.       Are there any barriers to a handicapped displacee       D. Privacy for users       Image: Cister Colspan="2">Image: Size of Dwelling       Yes         4.       Structurally sound       C.       Fully functional sink (basin)       Image: Size of Colspan="2">Size of Lot         5.       Weather tight       Image: Size of Dwelling       Image: Si	PROGRAI	M NO.	FEDI	ERAL NC	).		P	ROJECT				
REPLACEMENT HOUSING INSPECTION         Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Children       Total         SFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       F       Total         Purchase Price or Monthly Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dwelling       No. Rooms / Bedrooms / Be	REPLACEMENT HOUSING INSPECTION         Type of Water Supply       No. Occupants -Adult       No. Children       Total         DSFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       F       Total         Purchase Price or Monthy Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dwelling       No. Stories       No. Rooms / Bedrooms / Bat         1       Safe ingress and egress       Image: Cister Colspan="2">And Size of Dwelling       No. Stories       No. Rooms / Bedrooms / Bat         2.       If 3 or more stories, does each story have 2 exits from a common corridor       Type of Water Supply       Type of Water Colspan="2">A separate room, properly lighted and ventilated         3.       Are there any barriers to a handicapped displacee       D. Privacy for users       Image: Cister Colspan="2">Image: Size of Dwelling       Yes         4.       Structurally sound       C.       Fully functional sink (basin)       Image: Size of Colspan="2">Size of Lot         5.       Weather tight       Image: Size of Dwelling       Image: Si												
Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Ochildren       Total         DSR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M </td <td>Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Occupants -Adult       No. Ochildren       Total         BSR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       M       F       M       F</td> <td>Replacement proper</td> <td>ty address:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Type of Replacement Property       Type of Water Supply       No. Occupants -Adult       No. Occupants -Adult       No. Ochildren       Total         BSR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       M       F       M       F	Replacement proper	ty address:										
SFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       M       F       No	SFR       DUP       APT       MH       OTHER       PUBLIC       CISTERN       WELL       M       F       M       M       F       M       M       F       M       M       F       M       M       F       M       M       F       M       M       F       M       M       M       F       M       M       F       M       M       F       M       M       F       M       M       F       M       M       F       M       M       F       M       M												
Purchase Price or Monthly Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dweiling       No. Stories       No. Rooms / Bedrooms / Bat         1.       Safe ingress and egress	Purchase Price or Monthly Rent & Utilities       Size of Lot       Typical Size Lot in Area       Size of Dwelling       No. Stories       No. Rooms / Bedrooms / Bedrophote / Bedrooms / Bedrooms / Bedrooms / Bedrooms / Bedrooms / Be	Type of Replacer	nent Property	Туре о	of Water	<sup>r</sup> Suppl	у	No. Occupants -Adult	No. Children	Tota	al l		
YES       NO         1. Safe ingress and egress	YES       NO         1. Safe ingress and egress												
1. Safe ingress and egress       vestign         2. If 3 or more stories, does each story have 2 exits from a common corridor       7. Bathroom(s)         3. Are there any barriers to a handicapped displacee       b. Privacy for users         4. Structurally sound       c. Fully functional sink (basin)         5. Weather tight       d. Fully functional sink (basin)         6. Kitchen       e. Fully functional bathtub or shower stall         a. Separate room or area for kitchen use       e. Fully functional bathtub or shower stall         b. Sink in good working order       supply and sewage system         c. Proper connection to sewage system       8. Adequate number of bedrooms         d. Proper connection to potable hot/cold water       9. Adequate heating         e. Range (store) space with utility connections       11. In good repair         Indicate which, if any, of the above items do not apply to this dwelling:       I. Safe & adequate lectrical system         I. the undersigned agent, have inspected the proposed replacement property to determine if this property will qualify the displace receive a replacement housing payment.         TO THE BEST OF MY KNOWLEDGE AND BELIEF, this property       MEETS       DOES NOT MEET replacement housing payment.	1. Safe ingress and egress       ves         2. If 3 or more stories, does each story have 2 exits from a common corridor       7. Bathroom(s)         3. Are there any barriers to a handicapped displacee       b. Privacy for users         4. Structurally sound       c. Fully functional sink (basin)         5. Weather tight       d. Fully functional sink (basin)         6. Kitchen       e. Fully functional bathtub or shower stall         a. Separate room or area for kitchen use       e. Fully functional bathtub or shower stall         b. Sink in good working order       supply and sewage system         c. Proper connection to sewage system       8. Adequate number of bedrooms         d. Proper connection to potable hot/cold water       9. Adequate heating         e. Range (store) space with utility connections       11. In good repair         Indicate which, if any, of the above items do not apply to this dwelling:       It have inspected the proposed replacement property to determine if this property will qualify the displaceer         receive a replacement housing payment.       It have inspected the proposed replacement property to determine if this property will qualify the displaceer         receive a replacement housing payment.       It have inspected the proposed replacement property to determine if this property will qualify the displaceer         receive a replacement housing payment.       It have inspected the proposed replacement property to determine if this property will qualif	Purchase Price or Monthly R	ent & Utilities	Size of Lot	Туріс	al Size	Lot in Area	Size of Dwelling No. Sto	ries No. Rooms / Bedr	ooms / Ba	ath		
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	REMARKS:	receive a replacemer	t housing paymer	nt.				· · ·					
		Parland in the									_		
		Relocation Agent						Date			_		

## TC 62–68 Certified Inventory

- Revised 07/2011
- 4 pages
- You can now copy and paste pictures will automatically be resized.
- Required for fixed rate moves with room counts of more than 12 rooms.
- Must complete the origin/destination addresses

COUNTY	ITEM NO.	PARCEL	-	NAME	
STATE PROJECT NO.	FEDERAL PROJ	ECT NO.		PROJECT	
ORIGIN (Address)					DISTANCE
DESTINATION (Address)					DIGITATOL
I certify the items listed items were actually mov deviates to any significa made. I understand th	ved to the above I ant extent from th at any arrangeme . I further agree ht of Way for pay	ocation to p nis list, the ent with a that the m	process r agreed a commerc	all items must actually be relocated and I must or ny claim for payment. If at the time of the move the amount must be revised accordingly before paym isial mover is between me and the moving compa- y submit the bill for this move directly to the Tra	ne inventory nent can be any, not the

#### TC 62-71 Rent Certification

- Revised 08/2005
- HUD low income limit (from computation)
- Advanced payment request

COUNTY	ITEM NO.		PARCEL	. NO.			NAME			
PROGRAM NO.	PROGRAM NO. FEDERAL PROJECT						PROJECT			
Address of replacement dwell	ing / site									
	1	180 DA	YO	VN	ER	- RENT	S			
Monthly rent & utilities of c	omparable			а			LUMP SUM PAYMENT?			
Actual monthly rent & utilit	ies of repla	cement		b			INSTALLMENT NO.			
Lesser of a or b		с			AMOUNT THIS CLAIM	CLAIMED TO DATE				
Monthly market rent & utili	ties of subj	ect		d						
Difference in monthly rent		е								
RENT SUPP	PLEMEN	T (e tim	es 42)							
OWNER 90 -	180 D	AYS /	TEN	İAN	<b>T 9</b>	0 DAYS	OR MORE -	RENTS		
Monthly rent and utilities o	f comparab	ole	а				LUMP SUM PAYMENT?			
Actual monthly rent and util	ities of repla	cement	b				INSTALLMENT NO.			
Lesser of a or b			с				AMOUNT THIS CLAIM	CLAIMED TO DATE		
Monthly market rent and utili	ties of subject	ot	d							
HUD Low Income Limit			е							
Monthly household income		x 30%	f							
If tenant, amount designated by a welfare assistance prog		and utilities	g							
Owner: Lesser of d or f Tenant: Lesser of d or f – <b>Us</b>		able	h							
Difference in monthly rent	& utilities		i							
RENT SUPPLEM	IENT (h t	imes 42,	)							
The displacees I have occ residence, and that all info request payment as outlined ADVANCED PAYMENT	rmation con	tained he	the rep rein is	lacen true a	nent p and a	roperty indic ccurate to th	ated above as their ne best of my knowl	permanent place of edge. I, therefore,		
	Relocation	Agent					Date			

#### TC 62-77 Record of Contacts

- Revised 09/2005
- 3 pages
- No changes
- Please complete the dates under the "All Relocations" column

Со	unty		lter	m No.						Parcel N	۷o.		
Pr	ogram No.		Fe	deral Pr	roject N	۱o.							
Na	ame					·							
	BUYER'S	CONTACTS			F	RELC	C	ATIC	DN A	GENTS	CON	NTACTS	
Dur	ing the course	of negotiations I have:	Relo	Type:							Own	er	Tenant
	Verified the title	e facts	Owner occupied re				sidential relocations				All	relocations	Date
	Explained the	acquisition and showed	Offer	<mark>is:</mark>	To	otal			Parti	al	<mark>Occu</mark>	<mark>pancy</mark>	
	the plans		<mark>Subje</mark>	ect parce	<mark>el is:</mark>		Typical size home sit			home site	Initial		
Viewed the property with the owner or		I	Larger th	han typi	<mark>cal</mark>		Highe	<mark>r &amp; Be</mark>	etter Use	<mark>Furnis</mark>			
	their designated contact person		Multi-Use				Multi-Family			Updat	ed work sheet		
	Made the appro	oved offer of	Is the	remaind	der decl	ared a	n u	inecon	omic	remnant?	Notic	e of intent	
	\$				<mark>Yes</mark>		No			<mark>DNA</mark>	Offer	to purchase	
	Made an of	ffer to purchase the	<mark>ls the</mark>	remaini	ng hom	e site a	a b	uildabl	e lot?		Reloo	cation offer	
	uneconomic re		Yes			No				DNA		ed adv. Asst.	
		bility and procedures for			·	To	otal	<mark>l Acq</mark>	Pa	artial Acq		Declined	
	expenses	oursement of incidental	<mark>Amou</mark>	unt of FN	IV Offer	•						Accepted	
		wner's option to retain the	<mark>Acqui</mark>	<mark>isition Pr</mark>	rice						by.		
	and the require	) for the(ir) salvage value, ements for a performance	Date I	<mark>revised l</mark>	<mark>RHP wa</mark>	<mark>as appi</mark>	<mark>ov</mark>	<mark>ed</mark>			Parce	el possession	
	bond, the remo time allowed fo	val requirements and the r removal	Did ov	wner reta	<mark>ain dwe</mark>	lling?					<mark>30 Da</mark>	ays expire	
	Explained closi	ng procedures	Amou	unt of sal	lvage va	alue					Move	ed la	
	Buyer's	s Signature				Re	lo	catio	n A	gents' S	ignat	tures	

Note: Each written record of contact with a property owner, tenant or contact person for either of these, is to be completed within a reasonable time. Each contact is also to include the date, time, and place of meeting, the names of all individuals present, and questions asked and answers given or not given. Buyer's contacts are to summarize the issues discussed in each meeting including the amount of the offer made, counter offers, reasons a settlement could not be reached, and any other pertinent data. Relocation assistance contacts are to summarize all issues discussed including the dates and manner in which required notices are given, the amount of each benefit offered and eligibility requirements for each benefit, and document the circumstances under which a displacee does or does not qualify for potential benefits.

Date

Time

Place

List all individuals present

#### TC 62-91

#### **Relocation Assistance Opinion Survey**

- Revised 08/2005
- No changes
- Must provide these to the displaced persons
- Complete the top section with your name and project information
- Addressed/stamped envelopes are available from Central Office

The Kentucky Department of Highways is conducting a survey to determine how well we are doing our job. Your opinion is important, so please take a few minutes to complete this survey and return it in the postage paid envelope.

The relocation agent who worked with you was:	County & Item No.:
	Program Number:
Relocation Agent's Name	Federal Project:

#### PLEASE ANSWER THE FOLLOWING QUESTIONS

	YES	NO				
1			Were meetings	between you an	d the relocation	agent arranged at your convenience?
2.			Did the agent yo	ou worked with c	learly explain th	e relocation assistance program?
3.			Were you given	the booklet, You	ur Benefits as a	Highway Displacee?
4			Did you receive requirements for			elocation benefits available to you, and the nefits?
5			Did that letter al	so guarantee yo	u at least 90 da	ys in which to relocate?
6			Did the relocati manner?	on assistance a	agent respond t	to your concerns and questions in a timely
7.			Was the agent of	ourteous and he	elpful?	
8.			Do you feel the	agent was know	ledgeable of the	e relocation assistance program?
9			Did you receive please mark "Dl			cate? (If you moved in less than 60 days,
10			Were relocation	payment(s) ma	de within the tim	ne period explained by the relocation agent?
		Overal	l, how would you	rate the way y	our relocation	was handled? (Circle One)
			Poor	Fair	Good	Excellent

Please feel free to make any comments about your relocation, or how we might improve our handling of the relocation assistance program. (Use the back, if necessary, for additional comments)

We appreciate king time to give us your opinion.

#### TC 62–97 Relocation Project Summary

- Revised 09/2005
- No changes
- Provide with Acquisition Stage Relocation Report
- Updated quarterly to Central Office
- Can post the updates on Project Wise

COL	JNTY	ITEM NO.		PROG	RAM NO.	FED	ERAL NO.		PR	OJECT		NHS?.	LETTING DATE	WORKSHEETS TO C	O PREVAILI	ING INT RATES DAT	E/RATES MKT ANALYSIS -E
	D	ĀTE	<u> </u>	R	RELOCATIO	ON BEING HA	ANDLED BY:							<u> </u>	<u> </u>	j i	I
	<u> </u>		0	F		DATE	OF	MOVE F		MOVE P.	AYMENTS			REP HOUSING PYMT			
PARCEL		NAME	- Т	s	FIRST CONTACT	PARCEL NEG	RELO OFFER	30 DAYS EXPIRE	CO CONCUR OF IN LIEU	MOVE AUTH	DATE MOVED	DATE/AN PAID	IT DATE/AN APPV'D	T DATE/AMT PAID	DATE/AMT INC PAID	DATE FILE CHECKED AND CLOSED	REMARKS
				1													

#### TC 62-99 Move Claim Residential

- Revised 07/2012
- Updated to reflect new fixed rate move amounts.
- Verification of move statement and advanced payment request area for agent's signature

Commercial	insura transp	nce, stora	age <i>(with</i> Inventory	prior app required f	<i>roval)</i> , re or more t		d reinstal		ual costs for personal pro		AMOU	
		Payment		harges for	:							
Storage		-		laim supp	orted by t	oill. 1 vear	maximun	n. pavmer	nt made to or	wner		
Fixed-Rate	· ·								mobile home			
<b>I</b>	1	2 Rooms		4 Rooms \$1100		6 Rooms <b>\$1500</b>		8 Rooms \$1900	Each Addl	No Rooms		
	Identif	fy each ro	om in Cor	ntacts, and	l when to	tal count e	xceeds ti	velve (12)	rooms, atta	ch a certified	l inventory	
Sleeping	Occup	Occupant doesn't own furniture. 1 Room Each Add No Rooms										
Room	Identif	Identify each room in Contacts, when more than 1 room. \$350 \$50										
Mobile Home	insura	,							ual costs for personal pro	· · · · ·		
	Make	Payment	to:									
	Utility s for:	service co	nnection c	harges								
Miscellaneous Move				ursement nate. Ma:			estimate.	One estin	nate require	d - owner		
		miles	х		Cents	s per mile				I		
<b>-</b>				days	Per	son <i>(s)</i>						
Transportation	Meals	for		uays	1 01	0011(0)						

## TC 62-206 Moving Expense Estimate/Bid

- Revised 08/2010
- Separated categories of move Residential or Nonresidential
- Separate areas for commercial bids and staff estimates
- Basis of estimate There is no longer a Tariff Manual – must list moving company on which rates were based.

COUNTY	ITEM NO.	PARCEL NO.			NAME		
PROGRAM	FEDERAL NU	MBER			PROJEC	Т	
	ORIGIN (Address)			DESTINATI	ON (Address)		DISTANCE
		L HOUSEHOLD		CELLANEOUS			E HOME
				NPROFIT		RD/SIGN	MISC.
Certified inventory req	uired for all moves o	ther than billbo	oards. Attac	ch photograph	ns of billboard	/sign. Attac	ch commercial bids.
	BIDS: Two bids requ	lired if move exe	ceeds \$10,0	00; one bid re	equired if less	than \$10,0	<mark>000</mark>
Commercial B	idder's Name		Bidd	er's Address	5		Amount of Bid
ļ							
COMMERCIAL MOVE			MOUNT	)E.			
	CONTRACTOR -						
			PER		Ĭ		
	ITEM		HR/ITEM	NO.	UNIT	-	HRLY/ITEM COST
				TOTAL E	STIMATED	соѕт	
BASIS OF ESTIMATE	AND REMARKS:						
STAFF MOVE EST	IMATE IS APPRO	VED IN THE	AMOUNT	OF:			
				For Cent	ral Office l	Use:	
ļ						-	
Relocation Agent Estin	nator	Date					
Relocation Agent		Date		]			
				ļ			
Project Manager		Date					
			*				
Right of Way		Date		Central Of	fice Relocation	on Specia	list Date

# TC 62-207 Nonresidential Payment Request

- Revised 11/2005
- 3 pages
- Advanced Payment Request
- Broken into 3 categories
  - Move
  - Reestablishment
  - In Lieu of Move

COUNTY	ITEM NO.	P	ARCEL			NAM	1E					
PROJECT NO.	FEDEF	RAL PROJECT N	10.		PROJECT							
TYPE OF MOVE	BUSINESS	NONPRO	OFIT	FARM	SIGI	N		MISCELLANEOUS				
	MOVING,	SEARCHING	AND RE	ESTABLISHME	NT PAYM	ENTS						
PAYMENT FOR ITEM	S MOVED TO NEW LO	OCATION -	Attach c	ertified inventory	<sup>,</sup> (photogra	ohs of billb	ooards)					
COMMERCIAL M	OVE: Two bids required	if move exceed	ds \$10,000,	claim supported	by bills, pay	ment made	to mover					
APPROVED BIDS	: Two bids required if m	ove exceeds \$	10,000, own	er moves for low	<mark>bid</mark>							
STAFF ESTIMAT	E: One estimate required	l, owner moves	for staff es	timate - Maximum	<mark>1\$10,000</mark>							
	OVE: Reasonable expe											
	easibility surveys, soil tes one-time assessments fo							t				
payment made to owner		<sup>r</sup> andoipatou n	Javy admy c				<i>, , , , , , , , , , , , , , , , , , , </i>					
STORAGE: CO aµ	proval required, claim su	upported by bill	, 1 year ma	kimum, payment i	made to owr	ner						
SUBSTITUTE PERSO	NAL PROPERTY PAY	MENT (for ite	ems not m	oved but prom	ptly replac	ed at new	v location	<b>i</b> )				
	itute items plus install											
Less procee	ds from sale or trade-i	n										
					TOTAL							
	st of moving and reins	stalling replace	ed items					_				
	ser of A or B							_				
Plu	s Cost of Sale						00470					
				FOR ITEMS RE								
	NGIBLE PERSONAL		PAYMENT	(for items not r	noved or r	eplaced a	it new loo	ation)				
	alue for continued use ds from sale or trade-i							-				
Less procee		11			TOTAL			=				
B Estimated co	st of moving items				TOTAL			-				
	ser of A or B							-				
	s Cost of Sale							-				
		MENT FOR IT	EMS NOT	MOVED OR RE	PLACED	AT NEW L	OCATIO	N				
ACTUAL SEARCHING	<b>EXPENSES:</b> Certifie	d statement r	equired fro	m owner for time	e and milea	ge						
TIME:	HOURS	X \$		PER HO	UR							
TRAVEL:	MILES	Χ¢		PER MIL	E							
	GING: Receipts requi	ŕ										
								-				
REAL ESTATE FE	ES: Receipts required	1						_				
				SEARCHING EX								
				SEARCHING EX			. ,	00				
REESTABLISHMEN	T EXPENSES: (List of	n Page 2): Srr	nall busines	sses, landlords	- Maximu	<mark>m \$ 10,00</mark>	0					
TOTAL PAYMENTS	FOR: MO	VING	SEAR	RCHING	RE	ESTABLI	SHMEN	T				
FIXED PA	YMENT IN LIEU O			HING AND R	EESTAP	BLISHM	ENT PA	YMENTS				
	MENT: (Calculate on											
	AYMENT REQUE	ST						<u> </u>				
Date Move Com		Age	nt's signat	ure			Date	e Signed				

REES	<b>STABLISHMENT EXPENSES</b> Small businesses, farms or nonprofit organizations		
1	Repairs or improvements to the replacement real property required by Federal, Stat ordinance	te or local law, co	de or
2	Modifications to the replacement property to accommodate the business oper structure suitable for conducting business	ation or make th	ne replacement
3	Construction and installation costs for exterior signing to advertise business		
4	Redecoration or replacement of soiled or worn surfaces at the replacement site; su	ch as paint, pane	ling, or carpet
5	Advertisement of the replacement location		
6	Increased cost of operation first two years at replacement site (lease, taxes, insuran	ce, utilities)	
7	Other items the Cabinet considers essential to reestablish the business		
	TOTAL EXPENSES INCURRED TO REESTAB	LISH BUSINESS	
1100	PAYMENT DUE FOR REESTABLISHMENT EXPENSES - Maxin	<mark>mum \$ 10,000</mark>	

	D PAYMENT IN LIEU	· ·		<b></b>						
TYPE	OF OPERATION:	BUSINESS		FA	RM			NONPROFIT ORGANIZAT	-	-
NAM	E OF BUSINESS:								YES	NO
1.	Does this business own/ren	nt personal property w	hich must	be moved a	and fo	r which an e	xpens	e will be incurred?		
2.	Will this business be require	ed to vacate or reloca	te from its	displaceme	ent sit	e?				
3.	Will relocation cause this bu	usiness to suffer a sul	ostantial lo	oss of its exi	sting	patronage?				
4.	Is this business part of a co are under the same owners						hich ai	re not being acquired, and which		
5.	Is this business operated at	a displacement dwel	ling or site	solely for the	ne pu	rpose of rent	ting su	ch dwelling or site to others?		
6.	Did this business contribudisplacement?	ute materially to the	income	of the disp	place	d person d	uring	the two taxable years prior to		
7.	Are this business's premise	es or equipment share	d with ano	other entity?	(If No	o, skip 8-10)				
8.	Are substantially identical of another business?	or interrelated busine	ss functio	ns carried o	out ar	nd business	and fi	inancial affairs commingled with		
9.	Are multiple entities held ou	ut to the public, and to	those cus	stomarily dea	aling	with them, as	s one l	ousiness?		
10.	Does the same person or c	losely related person	own, contr	rol or manaç	ge aff	airs of the er	ntities?			
	Payment rec	quests must be supp	ported by	documents	s in th	ne form of c	omple	ete, certified tax returns.		
FAR	M'S PRINCIPAL PRO	DUCT:							YES	NO
1.	Does this farm have person	al property which mu	st be move	ed and for w	/hich	an expense	will be	incurred?		
2.	Will this farm be required to	vacate or relocate fro	om its disp	lacement si	ite?					
3.	Did this farm contribute mat	terially to the income	of the displ	laced perso	n dur	ing the two t	axable	e years prior to displacement?		
4.	Is this farm being acquired i					0		, , ,		1
5.			-		e farn	n operation o	on the	remaining land? (Use additional	1	
6.	Did this partial acquisition c	ause a substantial ch	ange in the	e nature of t	the fa	rm operatior	n? (Us	e additional page to explain)		
	Payment rec	quests must be supp	oorted by	documents	s in th	ne form of c	omple	te, certified tax returns.		
NAM	E OF NONPROFIT O	RGANIZATION	:						YES	NO
1.	Will relocation cause this or	rganization to suffer a	substantia	al loss of its	existi	ng members	ship or	clientele?		
	ents in excess of \$ 1,00 ent will be the average of t							12 month periods prior to c s.	lisplace	ment.
			PAYME	NT CALO	CUL	ATION				
		YEAR O	F DISPL/	ACEMEN	т					
	TWO YEAR OR	MORE OPERATIO	N			LES	S TH	AN TWO YEAR OPERATIO	N	
Α.	Net earnings for taxable preceding displacement				Α.	Net earnin prior to ye		r months in operation placed		
В.	Net earnings for second preceding displacement				В.	Months in	opera	ation		
C.	Total 2-year net earning	s <i>(A+B)</i>			C.	Average N	/lonth	ly Income (A / B)		
	AVG. NET EARNING	S (C divided by 2)				AVG. N	ET E/	ARNINGS (C times 12)		
			1							

# TC 62-208 Nonresidential Worksheet

- Revised 09/2010
- Allows certification of residency on worksheet
- Important to document replacement needs of business on worksheet

COUNTY	I	ITE	M NO.	PARCEL NO.	D. NAME						
PROGRAM			EDERAL NU					PROJECT			
PROGRAM			EDERAL NU	JIVIDER				PROJECT			
TYI	PE OF C	DPE	RATION			F	PROPERTY A	DDRESS			PHONE
OCCUPANT TYPE	:		Owner	Tenant	Ow	vner of Business	S:				
BUSINESS TYPE			Sole Propri	ietorship		Partnership	# of PAF	RTNERS:		orporation	
CITIZEN (S) of U	IS:			6) LAWFULLY ENT IN US:			ION US CITIZEN ) PRSENT IN US: In US (CORP only)				
PROPERTY OWNE	R'S NAM	ME,	ADDRESS A	ND PHONE		TERMS OF LE	ASE	FEDER	AL TAX	ID NUMBE	R
				DATE OF OCCUPANCY							
						DATE OF OCCUI	PANCY				
TYPE OF MOVE	🗌 Bu	ısin	ess	🗌 Farm		Nonprofit		Billboard	ПМ	iscellanec	us
			1	Present Lo				Replacem			
Zoning				T TOSCIN EX	Jouri						
Licensing Requirem	ents										
Permit Requirement											
Certification Require											
Special Utility Req.											
Lot Size											
Entrances (No. & Siz	ze)										
Special Loading Are	,										
Fencing											
Exterior Lighting											
Parking Spaces											
Environmental Probl	lems										
Building Size – Cost	t										
Building Description											
ADA Accessible											
No. Restrooms											
Special Needs											
Other											
Number of Emplo	oyees			Adver	tising	Methods	Best to move				
Similar Business	ses?						Net Income				
Similar Busilles:	303:						Net Incom	e			
Personal property ow	ned						Who main	tains premises?			
Frequency of Visits											
OTHER:											
	4		2		<u> </u>		11	al hu c			Dete
Agen	t	Date Date					Update	u by			Date

# TC 62-210 Relocation Benefits Summary

- Created 11/2005
- Replaced the requirement of displaced signing each claim form.
- Combined all benefits into one sheet which allows agents to record check information and certify.
- Required to be sent to Central Office with a complete Record of Contacts to close parcel.

PROGRAM NUMBER	FEDERAL PR	OJECT NUMBER		PROJECT		
y that I have received		<mark>hecks repre</mark>	senting appro	ved Relocation I		
ne Commonwealth o	f Kentucky:					
<b>RESIDENTIAL REL</b>	OCATION					
Replacement Housing	CHECK NUMB	ER	DATE	AMOUNT		
Payment						
Incidental	CHECK NUMB	ER	DATE	AMOUNT		
Expenses						
Moving Expenses	CHECK NUMB	ER	DATE	AMOUNT		
Fixed Com Mis Mobile Rate Move Move Home						
Other: <i>(Explain)</i>	CHECK NUMB	ER	DATE	AMOUNT		
I certify that I have occupie contained herein is true reimbursement as outline	and accurate to the	e best of my k				
	and accurate to the d in this application onal property has b	e best of my k een moved ar	nowledge. I, ther	efore, acknowledge		
contained herein is true reimbursement as outline I certify that all my perso	and accurate to the ed in this application onal property has b ed in this application	e best of my k een moved ar	nowledge. I, ther	efore, acknowledge		
contained herein is true reimbursement as outline I certify that all my perso reimbursement as outline	and accurate to the ed in this application onal property has b ed in this application	e best of my k een moved ar N	nowledge. I, ther	efore, acknowledge		
contained herein is true reimbursement as outline I certify that all my perso reimbursement as outline NON-RESIDENTIA	and accurate to the ed in this application. onal property has b ed in this application.	e best of my k een moved ar N	nowledge. I, ther	efore, acknowledge ne receipt of moving		
contained herein is true reimbursement as outline I certify that all my perso reimbursement as outline NON-RESIDENTIA	and accurate to the ed in this application. and property has b ed in this application. <b>L RELOCATIO</b> CHECK NUMB	e best of my k een moved ar N	nowledge. I, ther	efore, acknowledge ne receipt of moving		
contained herein is true reimbursement as outline         I certify that all my perso reimbursement as outline         NON-RESIDENTIA         Moving Expenses         Com Move       Act Cost       Staff Est       Storat         Re-establishment	and accurate to the ed in this application. and property has b ed in this application. <b>L RELOCATIO</b> CHECK NUMB	een moved ar N ER	nowledge. I, ther	efore, acknowledge ne receipt of moving		
contained herein is true reimbursement as outline         I certify that all my persore         I certify that all my persore         NON-RESIDENTIA         Moving Expenses         Come       Act       Staff       Storet	and accurate to the ed in this application. In this application. In this application. CHECK NUMB CHECK NUMB	e best of my k een moved ar N ER	nowledge. I, then nd acknowledge th DATE DATE	efore, acknowledge ne receipt of moving AMOUNT AMOUNT		
contained herein is true reimbursement as outline         I certify that all my persore         I certify that all my persore         NON-RESIDENTIA         Moving Expenses         Com Move       Act Cost       Staff       Storat         Re-establishment         Expenses         In Lieu Of	and accurate to the ed in this application. onal property has b ed in this application. L RELOCATIO CHECK NUMB	e best of my k een moved ar N ER	nowledge. I, then nd acknowledge th DATE	efore, acknowledge		
Contained herein is true reimbursement as outline         I certify that all my persore         reimbursement as outline         NON-RESIDENTIA         Moving Expenses         Com Move       Act Cost         Staff       Storage         Re-establishment         Expenses	and accurate to the ed in this application. and property has b ed in this application. <b>L RELOCATIO</b> CHECK NUMB CHECK NUMB	een moved ar	nowledge. I, then nd acknowledge th DATE DATE DATE	efore, acknowledge ne receipt of moving AMOUNT AMOUNT AMOUNT		
contained herein is true reimbursement as outline         I certify that all my persore         I certify that all my persore         NON-RESIDENTIA         Moving Expenses         Com Move       Act Cost       Staff       Storat         Re-establishment         Expenses         In Lieu Of	and accurate to the ed in this application. In this application. In this application. CHECK NUMB CHECK NUMB	een moved ar	nowledge. I, then nd acknowledge th DATE DATE	efore, acknowledge ne receipt of moving AMOUNT AMOUNT		
Contained herein is true reimbursement as outline         I certify that all my personant reimbursement as outline         NON-RESIDENTIA         Moving Expenses         Com Move       Act Est         Com Move       Act Est         Re-establishment         Expenses         In Lieu Of         Payment	and accurate to the ed in this application. and property has b ed in this application. <b>L RELOCATIO</b> CHECK NUMB CHECK NUMB	een moved ar	nowledge. I, then nd acknowledge th DATE DATE DATE	efore, acknowledge ne receipt of moving AMOUNT AMOUNT AMOUNT		
Contained herein is true reimbursement as outline         I certify that all my personant reimbursement as outline         NON-RESIDENTIA         Moving Expenses         Com Move       Act Est         Com Move       Act Est         Re-establishment         Expenses         In Lieu Of         Payment	and accurate to the ed in this application. and property has b ed in this application. <b>L RELOCATIO</b> CHECK NUMB CHECK NUMB	een moved ar	nowledge. I, then nd acknowledge th DATE DATE DATE	efore, acknowledge ne receipt of moving AMOUNT AMOUNT AMOUNT		

### TC 62-211 Replacement Housing Payment Computation Correlation

- Revised 07/2011
- 6 pages
- Pages 3 through 6 allow sketches/pictures to be inserted.

COUNTY		ITEM NO.	PARCEL
CORRELA	TION (Continuation Page) - Ins	sert after TC 62-214	
1 LIIIIIII			

## TC 62-212 Replacement Housing Computation - Owner

- Revised 11/2005
- HUD amount needs to be considered if Less Than 180 Day Owner who rents.

#### Kentucky Transportation Cabinet Division of Right of Way and Utilities

TC 62-212 Pg. 1

	R	EPLA	CEMENT	HOUSING F	PAYMENT CON	MPUTATION	- OWNE	R		REV 11/05
COUNTY	ITEN	/INO.	PARC	EL			NAME			
NAT HWY SYSTEM?	REVISION NO.	Exp	lain reason for	revision						
Length of occupan	cy verified by:									
			180	DAYOWN	ER - PURCH	ASES				
ACQUISITION FR	OM TYPICAL S	IZE H			ACQUISITIO		ARVED	DUT HO	MESIT	E
	AL ACQUISITIO			Area of Hor						
Cost of Comparable				Home Site	Area Acquired					
Less Acquisition Price	ce			TOTAL A	CQUISITION		PARTIA	L ACQI	JISITIO	N
Purcl	hase Supplemer	nt		Home Site	ome Site					
PART	IAL ACQUISIT	ON		Residence			Before Va Carve out			
Before Value				SLI						
Less After Value				Other Build	ings		Less Afte of Carve			
Acquisition Price	ce			Acq	uisition Price		A	Acquisit	ion Price	e
Cost of Comparable				Cost of Cor	nparable		Cost of C	omparat	ole	
Less Acquisition Price				Less Acqui			Less Acq			
	hase Supplemer	nt			e Supplement			ase Sup		t
	OWNER - F		s			IAN 180 DA			•	
Mo. rent & utilities of		a	Ī	Monthly rer	t & utilities of cor				a	
Mo. market rent & ut		b	1		rket rent & utilitie				b	
Difference in mo. rer		с			usehold income		x 30		c	
	plement (c time			HUD Low In	ncome Limit Amo			d		
If displaced person	will not give ho	useho		Lesser o					e	
use market rent. remarks column.					n monthly rent &	utilition (o. d	1		f	
can't exceed \$ 5,2				Dillerence i	IT ITIOITUTIIY TEITL &	uuniues (a - u	/		·	
exceeds \$22,500. owner can't exceed						Rent Supple	ement (f	times 4	(2)	
Remarks:							•			
I the undersigned evalu the indicated compara										
reasonably accessible	to public services a	nd plac	e of employn	nent. I further o	ertify I have no dire	ect, indirect, pre	sent or conte	emplated f	uture pers	sonal interest in this
property, nor will I ben	efit in any way from	acquis	sition of this p	roperty. The f	inding of replacem	ent housing co	st is as of th	e date si	gned belo	W.
APPROVED (R	í I	AL AC	Q		PARTIAL ACC	2		R	ENT	
PARTIAL ACQUISITIC	ON RATIO									
Carve Out (CO)						1				
FMV Offer										
CO ÷ FMV Offer					<b>D</b> :	Dutant	0			D. (
TOTAL ACQUISITIO	N RATIO Repla	acemei	nt Housing E	valuator	Date	Relocation	Specialist			Date
Carve Out (CO)										
						+				-
CO ÷ FMV One.	Distri	ct Righ	t of Way Sup	pervisor	Date	Right of Wa	ay Director			Date

## TC 62-213 Replacement Housing Payment Computation - Tenant

- Revised 11/2005
- Item 4 HUD Low Income Limit Amount
  - Agent to look up and record HUD low income amount in this line.

COUNTY			ITEM NO.		PARCEL			NA	ME		
NHS?		LENGTI	H OF OCCUPA	ANCY VE	RIFIED BY						
REVISION N	10.	EXPLAI	N REASON FC	OR REVI	SION						
180 Day Own					plement can't exceed \$						
< 180 Day Ov					will not give income.						
Tenant > 90 [ Tenant < 90 ]					will not give income. n income. Verify income.				ed due to inco	ome.	
COMPUTAT	FION IS	S BASE	DON: L	Actual	Rent L Market	Rent L	lse Remarks to	identify renta	ls used to es	stablish fair r	narket rent
If applicable	, explai	in why	market rent	is use	d						
Utility inform	nation fo	or subje	ect provided	d by			Utility inform	nation for corr	p provided	by	
Explain why	utility a	adiustn	nents are or	r are n	ot						
needed, and											
	SUBJ		COMP	1.	Monthly rent and	utilities o	f comparable				
DENT					,						
RENT				2.	Monthly rent (or m	narket re	nt) and utilities	or subject			
ELECTRIC				3.	Gross monthly ho				X 30%		
GAS/OIL				4.	HUD Low Income			for 30% must	meet HUD		
WATER				5.	established Low Ind Amount designate		/		mont		-
WATER				э.	Amount designate	ed for sh		by wellate pay	ment		
OTHER				6.	For 180 day owne						
(Explain):				0.	Line 2 or 3 if tena						
					90 days use lesse		e 2 or 3, but use	Eline 5 if appl	icable. For	tenant <	
					90 days use Line	3.					
SEWER											
TOTAL				7.	Cost of Comp less	s cost of	subject or inco	me limit (Subt	ract Line 6 fro	om Line 1)	
	ļ			8.	•		, t (Multiply Line	•		,	
					•		,		,	. ,	
REMARKS	:										
I the unders	ianed e	evaluat	or certify the	at this	determination of re	placeme	ent value is to b	e used with a	federal aid	or state high	way projec
					ed comparables. I						
on the open	marke	t; are a	dequate to	accom	modate the displac	ced pers	on and are reas	sonably acces	sible to pub	lic services a	and place o
employment	t. I furt	her cer	tify I have n	no dire	ct, indirect, present	or conte	mplated future	personal inter	rest in this p	roperty, nor	will İ benefi
in any way f	rom ac	quisitio	n of this pro	operty.	The finding of repla	acement	housing cost is	s as of the dat	e signed be	low.	
APPROVE	D REN	T SUP	PLEMENT	Γ:		PA	YIN: 🗖 LU	IMP SUM		LLMENTS	
							· · ·				
Replace	ement H	lousing	Evaluator		Date		Relocation	Specialist			Date
11110											
	Right or		and the second		Date		Riaht of W	ay Division Dir	ector		Date

#### TC 62-214 Replacement Housing Payment Worksheet - Residential

- Revised 09/2010
- Allows for certification of residency on worksheet
- Important to complete all data on the subject and the comparables

COUNTY		ITE	EM NO.	ľ	PARCEL			OCCUPAN	IT'S NA	AME			PHO	NE
PROGRAM			FEDER	AL NUM	BER			OWNER	'S NAM	ИЕ			PHO	NE
			PROJEC	Ŧ					MO	MORTGAGE			ATE OC	
			PROJEC	1					IVIO. I	WORTGAGE	PATIMENT			JUPIED
Individ	dual Cer	rtification			Famil	y Certif	fication			Hom	е Туре	-		
Citizen of US:				Numb	er Persons in	House	hold		🗌 SI	F 🔲	DUP	🗌 AP	т [	
Alien Lawfully Present in	US				er Persons W r Lawfully Pres		Citizens							
OCCUPANTS		AGE	SEX		RELATIONSHIP		SOC SE	EC NO	E	MPLOYER / S	CHOOL - C	ITY	МО	INCOME
	-	150						MOUT			MOT	OTAL	тот	
<b>Tenant's</b> average monthly rent and utility costs	ELEC			SAS	S WATER		EWER	MO UT	IL	_ MO RENT MO TO		TOTAL TOT INCO		INCOME
Possible Problems	Income Elder			ərly	Large Hom	Home 🔲 Large Family						🗌 Dis	sabled	
First Contact / Updated	BY:				DATE:	BY:						DATE	:	
Include utilities in rent price	SUBJECT				СОМР			СОМР			COMP			
Price														
Street Address														
City, Zip Code														
Distance to Work - School														
No. Stories - Ext. Walls														
1 <sup>st</sup> Floor Room Count -Size														
2 <sup>nd</sup> Floor Room Count -Size														
Fin Bsmt Room Count -Size														
Bsmt (% - Unfinished Size)											1			
Garage/Carport (No & Type)					,									
Air Conditioning														
Other														
Age - Condition														
Lot Size														
Electric - Gas														
Water - Sewer														
Is Dwelling / Site DS&S?														
Listed by / Phone														
Correlation: Thoroughly de than three comparables a	re usec	using T	C 62-21	1 (RHF	Correlation P	ages 3	А&ЗВ). И	/hen the	replac	cement hou	rely, and using pay	if appli ment e	cable, <u>v</u> xceeds	<b>statuto</b>
timits (\$ 5,250 for tenants a	na \$ 22	2,500 for 0	owners	), you r	nust iustitv the	need	tor usina l	ast resor	t hous	sina tunds				

### TC 62-215 Replacement Housing/Down Payment Assistance Residential Claim

- Revised 09/2010
- 2 pages
- Be sure to complete address of replacement property and questions concerning retaining dwelling, mortgage and new interest rate.
- Indicate if advanced payment request
- Page 2 only needed if dwelling is retained.

COUNTY	ITEM NO.	PARCEL NO.	CEL NO. NAME						
PROJECT NO.	FEDERAL PR	ROJECT NO.			PROJECT				
Address of replacement proper	ty		-	_					
Is a retained dwelling to be use				□ No If Yes, c		0			
Was there a valid mortgage on	the acquired prope	erty? D Yes	□ No If ye	es, complete Part	A for incide	ntal an	d MID payments		
Is the new interest rate higher t			<u> </u>	es, complete Parts	A and B fo	or MID	payment		
REPLACEMENT HOUSING	PAYMENT 1	80 DAY OWN	ER						
PART A Reduce old mo	ortgages to the rat	tio the resident	ial carve ou	ut bears to the to	tal BV for Y	res an	swers in Part A.		
Is this a partial taking from a typ	pical size home site	e, and the entire	mortgage is	not required to be	paid off?	ΠY	res 🗖 No		
Is this a partial taking from a lar	rger than typical siz	e home site?				ΠY	res 🛛 No		
Are both the FMV and mortgag	e based on a highe	er and better use	?			ΠY	res 🛛 No		
Is this a multi-use property?						ΠY			
RES. CARVE OUT	BEFORE VALUE	RAT	10	MORTGAGE BA	LANCE		PRORATED BALANCE		
PART B Mortgage Intere			*			=			
1. Use NM Toolbox, old mo remaining old term (mon									
2. Computed old term is s		oolbox, and actu	al old mortg	age facts (or prora	ted balance	) for OL	D. For NEW use new		
3. New term is shorter - Us						oow (ok	artar) tarm ta calquiata		
a hypothetical old month needed to finance and th	nly P&I payment. L	Jse the hypothe							
4. New mortgage smaller			- NM Toolbo	x prorates the inte	rest payme	nt for ye	ou.		
5. A New Mortgage Toolbo	x print out was prov	vided to the disp	laced persor	n on:	<u>.</u>		1		
Actual Cost of Replacement	Home				AMOU THIS CL		CLAIMED TO DATE		
Cost of Comparable Dwelling	g		Purchase	Supplement					
Acquisition Price or Carve O	out Price		Closing C	osts					
Maximum Purchase Suppler			Interest Pa	ayment					
NOTE: Purchaser's points, assumption fees: Payment is ba			Handicap	Modifications					
mortgage less buy down or 2. N	¥_¥			Total					
DOWN PAYMENT ASSIST Amount of Down Payment	ANCE - OWN	<u>NER 90 - 180 E</u>	DAYS	TENANT 90 D	· · · · · · · · · · · · · · · · · · ·		1		
Amount of Closing Costs Pa	id				AMOU THIS CL		CLAIMED TO DATE		
Total Applied Towa			Down Pa	mont					
Maximum Down Payment A			Assistan						
The displacees I have occupie permanent place of residence.									
request payment as outlined in					the best of	пу кп	owiedge. I, inereiore,		
ADVANCED PAYMENT R	EQUEST								
Relocation Agent				Date	e				

# TC 62-216 Request for Relocation Review/Appeal

- Revised 09/2010
- Agent completes top section and provides to displaced person.
- Very important to insert "Date Request Must Be Received"
- Chapter RA 410 of Relocation Assistance Manual for appeal process

COL	JNTY	ITEM NO.	PARCEL		NAME	
FUND	FUNCTION	COUNTY NO.	PROGRAM NO.	FEDERAL NUMBER	PROJECT	
Your requ the date s	est for a rev pecified belo	view of a relocati ow. For assistan	ion determination	n must be received b request contact the re	y the Right of Way Supervisor elocation agent indicated below.	in the location and by
DISTRICT	NO.	CITY	DATE REQUES	T MUST BE RECEIVED	RELOCATION AGENT	PHONE NO.
I request y	/our review o	of my case conce	erning relocation	assistance benefits	for the following reasons:	1

Use additional sheets if necessary

# TC 62-221 Relocation Payment Summary

- Revised 09/2010
- Used for relocation payments only
- Form is split into nonresidential and residential areas
- Signature line for Project Manager

COUNTY		ITEM NO.		ARCEL	NAME			SS / TAX	SS / TAX ID NO.	
FUND	DEPT 625	UNIT 2800	LOCATION	FUNCTION	SUB FUNCTION	PROGRAM	FEDERAL NUMBER	STATE EMP?	OWNER	TENANT
PROJECT							Make Check Payable To: (name, address and phone number)			
INVOICE NO.			CHECK NO.			CHECK DATE				
CHECK DELIVERED BY DATE										
							Vendor No.			
MAIL	CHEC	K TO:		STRICT			SULTANT			
Explana	ation/Sp	ecial In	structions:		-		· · · · · · · · · · · · · · · · · · ·			
Non-Residential			An	nount	Termini	Object	Residential	Amount	Termini	Object
Reestablishment					REXX	E792	Purchase Supplement		PSXX	E792
In Lieu of Move					ILXX	E792	Rent Supplement		RSXX	E792
Move Expense					NRMX	E792	Down Payment Assistance		DPXX	E792
							Incidental Expense		IEXX	E792
							Increased Interest		IIXX	E792
							Last Resort Housing		LRXX	E792
							Handicap Accessibility		HAXX	E792
							Move Expense		RMXX	E792
		тот	AL							<u> </u>
		-								<u> </u>
	avment	Requi	ests Must I	3e Submit	ted With	Required				
AII 1 6	•	•	Forms and			Nequireu				
Project Manager's Approval Only Required On Fee Projects.							TOTAL			
Approv	ved in L	District	by:				For Central Office Use	,		
Right of Way Agent Date										
Project Manager Date							-			
Right of Date							Approved By: Central Office Date			

# **Questions and Comments**