|  |  |  |  |
| --- | --- | --- | --- |
| **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: | **[ ]**  LUMP SUM | **[ ]**  INSTALLMENTS |
|  |  |
| Relocation Agent | Date |  |  |
|  |  |  |  |
|  |  | Central Office | Date |
|  |  |  |  |
| Project Manager | Date |  |  |
|  |  |  |  |
| Right of Way Supervisor | Date | Right of Way Director | Date |