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| **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 | |