

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

REPLACEMENT HOUSING/DOWN PAYMENT ASSISTANCE

RESIDENTIAL	CLAIM
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COUNTY			ITEM NO. PARCEL				NAME								
PROJECT NO. FEDERAL				NUMBER					PROJECT						
	REPLACEMENT HOUSING PAYMENT 90 DAY OWNER														
ls a	Is a retained dwelling to be used as the replacement property? Yes, complete Page 2														
Was there a valid mortgage on the acquired property? Yes, complete Part A for incidental and MID payments									No No						
Is the	e new inte	erest rate h	igher tha	in the old rate?			Yes	, comp	lete Parts A and B	for MID pa	ayme	ent		No	
PAF	RT A	Reduce o	old morte	gages to the ratio	the re	sidentia	al carv	ve out	bears to the total	BV for Yes	s an	swers	in Pa	rt A.	
Is th	is a partia	al taking fro	m a typic	cal size home site, a	and the	e entire	mortga	age is	not required to be p	aid off?		Yes		🗌 No	
Is th	is a partia	al taking fro	m a large	er than typical size	home	site?		🗌 Yes						🗌 No	
Are	both the F	FMV and m	ortgage	based on a higher	and be	etter use	?					Yes		No No	
Is th	is a multi-	use proper	ty?								🗌 Yes			No	
F	RES. CAR	VE OUT		BEFORE VALUE		RAT	10		MORTGAGE BALANCE		PRORA		RATE	ATED BALANCE	
		_	÷		=			*			=				
PAF	PART B Mortgage Interest Differential - Attach the FHWA Mortgage Interest Differential Payment (MIDP) printout.														
1.						or prora	ted ba	alance), old interest rate, a	nd old mo	nthly	/ P&I p	aymei	nt to	
2.				ning old term <i>(mont</i> orter - Use FHWA N		Calculate	or, and	d actua	al old mortgage facts	s (or prora	ted l	balance	e) for (OLD. For	
	NEW us								te the interest payn				- / -		
3.	11011 101	m is short	er - Use	FHWA MIDP Calcu	ulator,	and old	mortg	age ba	alance (or prorated	balance) a	nd r	ate, bu	it new	(shorter)	
				ed to finance and th				nypot	hetical monthly pay	ment, new	rate	e and n	ew ter	m to	
4.									Calculator prorates	s the intere	est p	avmen	nt for y	ou.	
5.	An FHW	A MIDP Ca	alculator	print out was provi	ded to	the disp	laced	perso	n on:			•			
				-				AM			IOUNT				
А	Approve	ed Purchase	e Supple	ment							THIS CLAIM			O DATE	
В	Actual C	Cost of Rep	lacemen	t Dwelling			Pu	rchase	Supplement						
С	Cost of	Comparabl	e Dwellir	ng			Clo	osing (Costs						
D	Lessor of B or C							MID Payment							
Е	Acquisition Price or Carve Out Price			Out Price				Handicap Modifications							
F	F Maximum Purchase Supplement = D - E Total														
DOWN PAYMENT ASSISTANCE - OWNER LESS THAN 90 DAYS TENANT 90 DAYS															
Amount of Down Payment					AMC										
Amount of Closing Costs Paid												Т	O DATE		
		Total A	pplied T	oward Purchase											
Max	Maximum Down Payment Assistance Down Payment Assistance														
VERIFICATION OF OCCUPANCY: The displacees have occupied the replacement property indicated above as their permanent place of residence, and that all information contained herein is true and accurate to the best of my knowledge. I, therefore, request															
	payment as outlined in this application.														
	ADVANCED CLAIM PAYMENT REQUEST: The displacees will occupy the replacement property indicated above as their permanent														
	place of	residence,	and that	t all information con					accurate to the best						
	paymen	t as outline	d in this	application.											

	KENTUCKY TRANSPORTATION CABINET	TC 62-215						
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CABINET								
	REPLACEMENT HOUSING/DOWN PAYMENT ASSISTANCE							
	RESIDENTIAL CLAIM							
	CALCULATION OF PURCHASE SUPPLEMENT WHEN DWELLING IS RETAINED							
PAR	T A ELIGIBLE EXPENSES TO RETAIN DWELLING	AMOUNT						
1.	Cost to acquire replacement site or current fair market value of replacement site (normal size)							
2.	Cost to retain dwelling (salvage value)							
3.	Cost to move dwelling to new location (a reasonable distance)							
4.								
5.	Cost to bring dwelling up to decent, safe and sanitary standards. (If dwelling was DS&S prior to the move, insert 0.)							
6.								
7.								
8.	Cost to provide water							
9.	Cost to provide sewer / septic							
10.	Other costs, if any, that the Cabinet determines are reasonable and necessary:							
	TOTAL ELIGIBLE EXPENSES							
Rem								
PAR		J						
	er occupants of 90 days or more are limited to what they could receive in No. 3 below. For amount ov than 90 days may receive, see Relocation Manual Section RA-904.	vner occupants of						
1.								
2.	Acquisition / Carve out price (amount the Cabinet actually paid for the acquired home site)							
3.	Maximum purchase supplement if displacee purchased a replacement dwelling							
4.	Amount displacee actually spent on retained home and typical home site INDICATED PURCHASE SUPPLEMENT							