

RELOCATION CLAIM

RESIDENTIAL

*Information required by Act 31, P.A. 1970 as amended, and Act 277
P.A. of 1972, to process payment.*

DISPLACEE'S NAME

ACQUIRED PROPERTY ADDRESS AND PHONE	REPLACEMENT PROPERTY ADDRESS AND PHONE
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CONTROLLING DATES

DATE OF MOVE	DATE OF FINAL PAYMENT	DATE OF ESTIMATED JUST COMPENSATION DEPOSIT
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MUST OCCUPY REPLACEMENT PROPERTY BY:

If Tenant, 12 months after date of move	DATE
If Secured Owner, 12 months after date of final payment	DATE
If Unsecured Owner, 12 months after date of estimated just compensation deposit	DATE

MUST FILE CLAIM FOR PAYMENT BY:

If Tenant, 18 months after date of move	DATE
If Owner, 18 months after date of move or final payment, whichever is later	DATE

RELOCATION PAYMENTS

Replacement Housing Supplement	
Incidental Closing Costs	
Increased Interest Differential	
Replacement Rental Supplement/Purchase Down Payment	
Moving Expenses	
AMOUNT DUE:	

MOVE VERIFIED BY MDOT

I/WE AGREE PAYMENT WILL BE SENT TO

I/WE CERTIFY THAT:

1. All information submitted is true and correct.
2. I/We have purchased or rented and occupied, or will purchase or rent and occupy, a replacement dwelling which is decent, safe, and sanitary within the standards prescribed by the Michigan Department of Transportation.
3. I/We have vacated or will vacate the state acquired property.
4. I/We have not submitted any other claim, or received reimbursement from any other source, for expenses itemized on this claim.
5. I/We agree if the amount of compensation is increased in an administrative settlement or condemnation action, the Housing Supplement shall be recalculated based upon the increased compensation award, and any overpayment in the Housing Supplement shall be deducted by the department from the final payment.
6. I/We are a legal resident of the United States.

DISPLACEE'S SIGNATURE	DATE	DISPLACEE'S SIGNATURE	DATE
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I/We certify that I/we have examined this claim and the substantiating documentation and have found it to conform to the applicable State and Federal laws and the operating procedures of the Michigan Department of Transportation.

RECOMMENDED BY:	DATE	APPROVED BY:	DATE
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CONTROL SECTION	JOB NO.	PARCEL	NAME
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REPLACEMENT HOUSING SUPPLEMENT

a) Listing price of comparable dwelling		c) Acquisition price of state acquired dwelling	
b) Sale price of replacement dwelling		d) Lower of "a" or "b" minus "c"	
			AMOUNT DUE:

INCIDENTAL CLOSING COSTS

Administrative fee		Mortgage Application fee	
Appraisal fee		Mortgage Insurance*	
Assumption fee		Notary fee	
Certification fee		Overnight fee	
Closing and/or Escrow fee		Permits	
Credit Report		Processing fee	
Discount Points*		Recording fee	
Document Preparation fee		Survey fee	
Inspections		Tax Service fee	
Legal fee		Title Insurance fee**	
Loan Origination fee*		Underwriting fee	
Mobile Home Title Transfer fee**		Other	
Mobile Home Sales Tax **		Other	

* Limited to balance of existing mortgage ** limited to listing price of highest comparable

AMOUNT DUE:

INCREASED INTEREST DIFFERENTIAL

Current Mortgage Balance		New Mortgage Balance	
Current Mortgage Interest Rate		New Interest Rate	
Current Mortgage Payment		New Mortgage Term	
		Mortgage Points	
			AMOUNT DUE:

REPLACEMENT RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT

	PER MONTH	X 42 MONTHS	
a) Comparable rent + utilities			d) Rental Supplement (lower of "a" or "b" minus "c")
b) Replacement rent + utilities			e) Purchase Down Payment (greater of "d" or \$7,200)
c) Actual/Economic rent + utilities OR 30% of monthly income			AMOUNT DUE:

SELF MOVE - FIXED COST

# OF ROOMS	PAYMENT	# OF ROOMS OF PERSONAL PROPERTY	
1	\$750.00	Living Room	Pole Barn
2	\$1000.00	Dining Room	Shed
3	\$1,200.00	Family Room	Attic
4	\$1,350.00	Bedrooms	Basement
5	\$1,500.00	Kitchen	Porch
6	\$1,650.00	Laundry	Garage
7	\$1,800.00	Den or Office	Other
8	\$1,950.00		TOTAL
Each Add. Room	\$300.00		AMOUNT DUE:

SELF MOVE - ACTUAL COST (supported by receipts)

Equipment cost		Hourly labor rate (capped at industry labor rate)	
Supply cost			AMOUNT DUE:

COMMERCIAL MOVE

Moving company invoice		AMOUNT DUE:
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STORAGE COSTS

Monthly storage rate		X number of months (limited 12)		AMOUNT DUE:
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