

REPLACEMENT RENTAL DETERMINATION

DISPLACEE	ADDRESS OF ACQUIRED DWELLING	OCCUPIED SINCE (M/Y)
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OCCUPANT INFORMATION

# OF PARENTS:	TOTAL # OF CHILDREN:	# OF MALE CHILDREN:	AGES:	# OF FEMALE CHILDREN:	AGES:
# OF OTHER MALES IN HOUSEHOLD (Not included above)			# OF OTHER FEMALES IN HOUSEHOLD (Not included above)		
ANNUAL HOUSEHOLD INCOME: (Attach Form 774 when income is used in computation below) \$			HUD ANNUAL INCOME LIMIT: \$		

ACQUIRED DWELLING INFORMATION

SQUARE FEET	# OF BEDROOMS	
ACTUAL RENT + UTILITIES = TOTAL \$	ECONOMIC RENT + UTILITIES = TOTAL \$	30% OF MONTHLY INCOME (If Annual Household Income is less than HUD Annual Income) \$

COMPARABLE RENTALS

HEAT \$	ELECTRIC \$	WATER/SEWER \$	TOTAL \$	
ADDRESS		SQUARE FEET	BEDROOMS	RENT + UTILITIES = TOTAL
1*				\$
2				\$
3				\$

COMPUTATIONS

COMPARABLE RENT + UTILITIES	\$ _____ / MONTH X 42 MONTHS	\$
MINUS LESSER OF:		
<input type="checkbox"/> ACTUAL RENT + UTILITIES	\$ _____ / MONTH X 42 MONTHS	\$
<input type="checkbox"/> ECONOMIC RENT + UTILITIES	\$ _____ / MONTH X 42 MONTHS	\$
<input type="checkbox"/> 30% OF MONTHLY INCOME	\$ _____ / MONTH X 42 MONTHS	\$
DISPLACEE IS ENTITLED TO A RENT SUPPLEMENT OF:		\$
OR		
DISPLACEE IS ENTITLED TO A PURCHASE DOWN PAYMENT OF:		\$

REMARKS:

LAST RESORT (Check if any apply):

- RENT SUPPLEMENT/PURCHASE DOWN PAYMENT EXCEEDS \$7,200
- DISPLACEE HAS RESIDED IN THE ACQUIRED DWELLING FOR LESS THAN 90 DAYS PRIOR TO THE INITIATION OF NEGOTIATIONS.

CERTIFICATION

I hereby certify that this determination of supplemental payment is to be used in connection with a Federal-Aid Highway Project. I have no direct or indirect present or planned future personal interest in this property, nor in any way benefit as a result of the acquisition of the property involved in this transaction. I have verified that the named displacee has been in occupancy as noted. I have reviewed all listings, and in my opinion the listings meet the standards prescribed for decent, safe, and sanitary housing. The basis for determination of the supplemental payment is as shown above.

PREPARED BY (Signature)	NAME/TITLE	DATE
REVIEWED BY (Signature)	NAME/TITLE	DATE
CONTROL SECTION	PARCEL	NAME
JOB NO.	FED. ITEM NO.	FED. PROJ. NO.

* Most expensive DS&S comparable.

SALE LISTINGS

	ADDRESS	SQUARE FEET	BEDROOMS	LISTING PRICE
1*				\$
2				\$
3				\$

* Most expensive DS&S comparable.