

REPLACEMENT MOBILE HOME DETERMINATION

Use ONLY if Displacee owns the Mobile Home and rents the Mobile Home Site

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

# OF PARENTS	TOTAL # OF CHILDREN	# OF MALE CHILDREN	AGES	# OF FEMALE CHILDREN	AGES
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# OF OTHER MALES IN HOUSEHOLD (Not included above)	# OF OTHER FEMALES IN HOUSEHOLD (Not included above)
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ANNUAL HOUSEHOLD INCOME (Attach Form 774 when income is used in computation below) \$	HUD ANNUAL INCOME LIMIT \$	30% OF MONTHLY INCOME (If Annual Household Income is less than HUD Annual Income Limit) \$
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ACQUIRED MOBILE HOME INFORMATION

FAIR MARKET VALUE	SQUARE FEET	BEDROOMS
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ACQUIRED SITE INFORMATION

LOT SIZE	ACTUAL RENT + WATER/SEWER = TOTAL \$	ECONOMIC RENT + WATER/SEWER = TOTAL \$
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COMPARABLE MOBILE HOME

	ADDRESS (Mobile Home Only)	SQUARE FEET	BEDROOMS	LISTING PRICE
1*				\$
2				\$
3				\$

LISTING PRICE OF COMPARABLE #1	\$
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LESS ACQUISITION PRICE OF ACQUIRED MOBILE HOME (125% of fair market value)	\$
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DISPLACEE IS ELIGIBLE FOR A HOUSING SUPPLEMENT OF:	\$
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COMPARABLE SITE

	ADDRESS (Site Only)	LOT SIZE	RENT + WATER/SEWER = TOTAL
1*			
2			
3			

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

DISPLACEE IS ENTITLED TO A PURCHASE DOWN PAYMENT OF:	\$
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LAST RESORT (Check if any apply)

HOUSING SUPPLEMENT EXCEEDS \$31,000

RENTAL SUPPLEMENT/PURCHASE DOWN PAYMENT EXCEEDS \$7,200

DISPLACEE HAS RESIDED IN ACQUIRED MOBILE HOME 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
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REVIEWED BY (Signature)	NAME/TITLE	DATE
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CONTROL SECTION	PARCEL	NAME
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JOB NO.	FED. ITEM NO.	FED. PROJ. NO.
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*Most expensive DS&S comparable.