

DETERMINATION OF SUPPLEMENTAL RENTAL ASSISTANCE PAYMENT AND CLAIM FOR PAYMENT

North Dakota Department of Transportation, Design
SFN 10142 (Rev. 01-2003)

Full Name of Claimant		Project Number		
		Parcel Number		
Location of State-acquired Property		Address of Replacement Property		
Type of occupancy covered by this claim Homeowner Occupant, 180 Days <input type="checkbox"/> Conventional Unit <input type="checkbox"/> Sleeping Room <input type="checkbox"/> Trailer Park <input type="checkbox"/> Homeowner Occupant, 90-179 Days <input type="checkbox"/> Tenant, 90 Days <input type="checkbox"/>				
Occupancy of State-acquired Property		Date Claimant Moved into Replacement Unit		
From (date) _____ To (date) _____				
RENTAL NO.	ADDRESS OR LOCATION	MONTHLY RENT	AVERAGE UTILITIES	MOST COMPARABLE TO SUBJECT

90-179-DAY OWNER - OCCUPANT AND TENANTS

A. Rent and utilities of comparables:

- 1. Monthly rent and utilities for most comparable rental to subject. \$ _____
- 2. Monthly rent and utilities for selected replacement rental. \$ _____

B. Rent and utilities of subject property:

- 1. Monthly rent and utilities being paid at subject rental. \$ _____
Note: If the relocatee is paying little or no rent, use the fair market rent, unless its use would result in a hardship because of the person's income.
- 2. Thirty percent (30%) of the relocatee's average monthly gross household income. \$ _____
- 3. The total of the amounts designated for rent and utilities if receiving a welfare assistance payment from a program that designates the amounts for rent and utilities. \$ _____

C. Determination of supplemental rental housing payment:

The lessor of 1 or 2 in item A = \$ _____
 Minus the lessor of 1, 2, or 3 in item B = \$ _____
 Monthly difference = \$ _____

Amount of supplemental rental housing payment for tenant-occupant:

$$\$ \underline{\hspace{2cm}} \text{ MONTHLY DIFFERENCE} \times 42 \text{ months} = \$ \underline{\hspace{2cm}}$$

180-DAY HOMEOWNER - OCCUPANT

A 180-day homeowner-occupant, who could be eligible for a replacement housing payment, but elects to rent a replacement dwelling, is eligible for a rental assistance payment computed and disbursed as follows:

A. Rent and utilities of comparables:

- 1. Monthly rent and utilities for most comparable rental to subject. \$ _____
- 2. Monthly rent and utilities for selected replacement rental. \$ _____

B. Fair market rent and utilities determined for subject house. \$ _____

C. Determination of supplemental rental housing payment:

The lessor of 1 or 2 in item A = \$ _____
 Minus the fair market rent and utilities of item B = \$ _____
 Monthly difference = \$ _____

Amount of supplemental rental housing payment for owner-occupant.

$$\$ \underline{\hspace{2cm}} \text{ MONTHLY DIFFERENCE} \times 42 \text{ months} = \$ \underline{\hspace{2cm}}$$

(See reverse for certification and signature.)

CERTIFICATION

I hereby certify that I have personally inspected this property; that I have no direct or indirect present or contemplated personal interest in this transaction.

Prepared by	Title	Date
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I certify that to the best of my knowledge and belief, the above-described replacement property meets the standards for decent, safe, and sanitary housing established by the Federal Highway Administration.

DATE OF CLAIM

CLAIMANT'S NAME (TYPE OR PRINT)

CLAIMANT'S SIGNATURE

CLAIMANT'S NAME (TYPE OR PRINT)

CLAIMANT'S SIGNATURE

Amount approved for payment \$ _____

RELOCATION OFFICER (TYPE OR PRINT)

DATE APPROVED

SIGNATURE

Return to:

Design Division
North Dakota Department of Transportation
608 East Boulevard Avenue
Bismarck, North Dakota 58505-0700