

EXHIBIT B



COLORADO
Department of Transportation

2829 W. Howard Place
Denver, CO 80204

Project Code:
Parcel No:
Project No:
Location:
Payment #

APPLICATION FOR HOUSING OF LAST RESORT - RENTAL ASSISTANCE PAYMENT DISPLACED PERSON(S) RECEIPT AND CERTIFICATION

The undersigned hereby certifies that the rental assistance payment will be used solely for the purpose of renting decent, safe and sanitary housing. The address of said housing is _____, _____, _____.

The undersigned will be responsible to notify the Region Right of Way Office of the proposed new address in order to ensure payment. Any violation of this certification may result in the withholding of any or all future payments.

Name (please print)		Name (please print)	
Signature	Date	Signature	Date

cc: Project Development Branch (ROW Program) – original
Region ROW
Displaced Person

CDOT Form #1184
08/20

Previous editions are obsolete and may not be used