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| **COLORADO DEPARTMENT OF TRANSPORTATION****REPLACEMENT HOUSING****PAYMENT CLAIM** | Project Code:       |
| Parcel No:       |
| Project No:       |
| Location:       |
| County:       |
| Claimant’s name:      |
| State acquired property address or location (include apt. # or mobile home space #):       |
| Replacement property address or location (include apt. # or mobile home space #):      |
| **90-Day Homeowner Occupant Replacement Housing Payment**The lesser of (a) or (b) below:a) Replacement dwelling price $     b) Comparable dwelling price $     Less (c) below: c) Acquired property price paid by state $     d) (=) Price differential $     e) Increased mortgage interest costs $      f) Incidental expenses $     g) Total replacement housing payment for 90-day homeowner $     **NOTE:** If the replacement housing payment (price differential, increased mortgage, and incidental expenses) is greater than the statutory limit of $31,000 then the price differential amount must be applied to the purchase price of the replacement dwelling. |
| **90-Day or Less than 90-Day Occupant (owner or tenant) Rental Supplement or Downpayment Assistance**90-Day Occupant: [ ]  Yes [ ]  No a) Monthly rent (including utilities) for actual DS&S replacement $     Less (b) below:b) The lesser of one of the following. Amount for less than 90-day occupants will be based on (2). 1) Rent (including utilities) $     2) 30% of the total monthly gross household income $     3) Amount designated for shelter and utilities for  government assistance $     c) (=) The rental differential $     d) Rental assistance payment (rental differential X 42 months) $      ORe) Downpayment Assistance (including incidental expenses, not to exceed rental differential X 42 months) $     **NOTE:** If the rental assistance payment is greater than the statutory limit of $7,200 then payment will be disbursed in 3 installment payments at 14 month intervals. The full amount of the downpayment must be applied to the purchase price of the replacement dwelling and related incidental expenses. |
| I certify that all information submitted herewith is true and correct, that I have or will occupy a replacement dwelling which is decent, safe and sanitary before I accept any payment, and that I have not submitted any other claim for or received payment of any compensation for the benefit claimed herein as shown above.  |
| Claimants signature(s) | Date: |
|  | Date: |

**To be completed by CDOT**

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| I certify that to the best of my knowledge the amount of payment is correct and that this claim conforms in all respects to the applicable provisions of State law.  |
| Real Estate Specialist signature | Date: |
| Statewide ROW Program Manager (review and approval) | Date: |