

# EXHIBIT S

<b>COLORADO DEPARTMENT OF TRANSPORTATION REPLACEMENT HOUSING PAYMENT CLAIM</b>	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) ..... \$

OR

- e) 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**

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:
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Statewide ROW Program Manager (review and approval)	Date:
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