

<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 #):

180 Day Homeowner Occupant:

a) Replacement dwelling price.....	\$
b) Comparable dwelling price .....	\$
c) Acquired property price paid by state .....	\$
d) Price differential .....	\$
e) Increased mortgage interest costs .....	\$
f) Incidental expenses .....	\$
g) Rental assistance payment for 180 day homeowner .....	\$

**NOTE:** If the replacement housing payment (price differential, increased mortgage, and incidental expenses) is greater than the statutory limit of \$22,500 then the price differential amount must be applied to the purchase price of the replacement dwelling.

90 Day Occupant (owner or tenant):

a) Monthly rent (including utilities) required to obtain replacement	\$
b) Computation based on the lesser of one of the following:	
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) .....	\$
e) Downpayment (including incidental expenses) .....	\$

Less than 90 Day Occupant (owner or tenant) – Housing of Last Resort

a) Monthly rent (including utilities) required to obtain replacement	\$
b) 30% of the total monthly gross household income .....	\$
c) The rental differential .....	\$
d) Rental assistance payment (rental differential X 42 months) .....	\$
e) Downpayment (including incidental expenses) .....	\$

**NOTE:** If the rental assistance payment is greater than the statutory limit of \$5,250 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)	Social Security #	Date:
	Social Security #	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:
Statewide ROW Program Manager (review & approval)	Date: