

STATE OF COLORADO

DEPARTMENT OF TRANSPORTATION



Project Code:
Parcel No:
Project No:
Location:
Payment # of 3 Payments

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
Social Security Number		Social Security Number	

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

CDOT Form #1184
12/05

Previous editions are obsolete and may not be used