|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| County      | Route      | Parcel      | Federal No.      | Job No.      |
| Owner(s)      | Date of Claim      |
| **SUBJECT PROPERTY** |
| Address      | Date Purchased      | Date Occupied      |
| [ ]  Farm Home | Acquired by MHTD Through | Condemnation Case Settled | [ ]  Yes [ ]  No |
| [ ]  Other Rural Dwelling | [ ]  Negotiated | [ ]  Condemnation |  |  |
| [ ]  Urban Property |  Settlement | If No, Agreement Signed | [ ]  Yes [ ]  No |
| **REPLACEMENT PROPERTY** |
| Address      | Date Purchased      | Date Occupied      | MoDOT Personnel Assisted in Obtaining Replacement [ ]  Yes [ ]  No |
| [ ]  Decent, Safe & Sanitary Dwelling Purchased |  |
| [ ]  Replacement Purchased and Brought up to Decent, Safe & Sanitary Standards by Claimant | New House Constructed on Remainder | [ ]  Yes [ ]  No |
| [ ]  Mobile Home and Site Purchased | Subject Retained and Moved to Remainder | [ ]  Yes [ ]  No |
| [ ]  Only Mobile Home Purchased | If Retained and Moved, Owner is | [ ]  Short Term Owner |
| [ ]  Only Site Purchased |  | [ ]  Fully Qualified |
| New Telephone Number      | Purchased from (Prior Owner(s))      | Through Real Estate Firm      |
| **COMPUTATIONS** |
| 1. | Computed Replacement Housing Cost (From Comparison Record) |       | Actual Cost |       |
| 2. | R/W Payment (Residential Improvements and Supporting Land) or if Applicable “Before Value” of Residential Property. Include the value of salvage retained by relocate. | - |       |  |  - |       |
| 3. | Difference |       |  |       |
| 4. | Replacement Housing Payment (Lesser Amount from Preceding Line – Not to Exceed $22,500) |       |
| 5. | Increased Interest Payment |       |
| 6. | Incidental Closing Costs: Legal, Including Preparation of Deeds & Contracts |       |  |
| 7. |  | Title Examination and/or Title Insurance |       |  |
| 8 |  | Surveys, Drawings and/or Plats |       |  |
| 9. |  | Other: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 10 | Total Incidental |       |
| 11. | Total of Above Payments |       |
| 12. | Less Previous REPLACEMENT HOUSING or RENTAL SUBSIDY Payment |       |
| 13. | TOTAL PAYMENT DUE (If “short term” owner, payment cannot exceed ($5,250) |       |
| Required Supporting Documents – to be Attached to Original Claim Form When Applicable: Copy of closing statement and conveyance  |
| instrument, if any portion of replacement property was purchased, showing dates, amounts, grantees, grantors and other pertinent information. |
| Copies of paid receipts covering all costs included herein, including cost of bringing dwelling up to decent, safe and sanitary standards, all new |
| house construction costs, all incidental costs, all costs related to moving and re-establishing subject dwelling. If increased interest cost included |
| attach copy of paid note and mortgage instrument, copy of new note and mortgage instrument, and a copy of the computation sheet. Attach |
| any other documentation necessary to support and/or prove expenditures and costs claimed or quoted herein. |
| The undersigned certifies we have not heretofore filed (and will not file) a rental subsidy claim or received a rental subsidy payment except as  |
| set out above. We further certify we owned and occupied the above subject property for not less than 180 consecutive days prior to the date we |
| vacated the property or the date that negotiations were initiated between ourselves and the Missouri Department of Transportation for such  |
| property – whichever was earlier. We further certify both the above subject property and replacement property was/is our principal and legal |
| residence. We further certify we acquired, built or established - and occupied - the above replacement property within the required one year time |
| period. We further certify the above replacement property meets decent, safe and sanitary standards as outlined in the Missouri Department of |
| Transportation’s Relocation Assistance brochure. We further certify, to the best of our knowledge and belief, we are eligible for the payment  |
| claimed herein. |
|  |
| The undersigned hereby certifies to being a U.S. citizen or an alien that is lawfully present in the U.S. and further certifies under penalties and |
| provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, this claim and information submitted herewith have been examined by us |
| and are true, correct, and complete, and that we understand, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any |
| other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. |
| Signatures► | Date      |
| Husband and Wife must both sign claim. If single or legally separated, the head of the household must sign. |
| **TO BE COMPLETED TY THE MISSOURI DEPARTMENT OF TRANSPORTATION** |
| Payable to      | Amount      |
| **TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT** | **TO BE COMPLETED BY THE BBS DIVISION** |
| Line | FixedAsset | Quantity | Fund | Agency | Org. | Appr.Unit | [ ]  Name of Payee is same as on document |
| 01 |       |       |       |       |       |       | [ ]  Distribution on code block is correct |
| 02 |       |       |       |       |       |       |  |
| Line | Object | Sub-Obj | Activity | Function | Amount | [ ] Document is certified |
| 01 |       |       |       |       |       | [ ]  Amount is same as on document |
| 02 |       |       |       |       |       |  |
| Line | Project/Job No.Reporting Category | Commodity Code | [ ]  Parcel Number entered to PVQ document |
| 01 |       |       | Checked By      |
| 02 |       |       |  |
| TO BE COMPLETED BY DISTRICT R/W UNIT |
| [ ]  Displacement was necessary due to highway taking |
| [ ]  Relocatee owned and occupied subject dwelling unit for required 180-day period |
| [ ]  Relocatee was in occupancy at initiation of negotiations for subject or upon receipt of a ”Notice of Intent to Acquire” |
| [ ]  Any amount previously paid as replacement housing or rental subsidy payment has been deducted from the amount being claimed |
| [ ]  All required documents and receipts were attached to original claim and are on file in district office (subject unit file) |
| [ ]  Information in required documents and receipts is compatible with amounts reflected on claim |
| [ ]  Replacement was purchased, built ore re-established and occupied within required one year time period |
| [ ]  Replacement meets decent, safe and sanitary requirements and inspection report is in the unit file |
| [ ]  If condemnation case pending, a condemnation agreement is in unit file |
| [ ] Computations have been checked and are correct |
| [ ]  “Fair Home” replacement built on subject farm as required |
| [ ]  Claim submitted within required eighteen month time limit |
| [ ]  If a “Short Term” Owner in involved, total payment does not excess $5,250 |
| [ ]  Purchaser points, origination and/or loan service fees and title insurance fees do not exceed limitations |
| Comments:      |
| The total sum of |       | is approved for payment under this claim. |
| I certify the above information has been checked against this district’s records and it is a just and correct |
| payment. I further certify I have no direct or indirect present or contemplated personal interest in the  |
| transaction and I will not derive any benefit from the payment of the above claim. |
| Signature► | Title      | Date      |
| THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS:      |
| Signature► | Title      | Date      |
| I Concur | District R/W Manager      | Date      |