|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| County      | Route      | Parcel      | Federal No.      | Job No.      |
| Relocatee(s)      | Date of Claim      |
| **SUBJECT PROPERTY** |
| Relocatee was[ ]  Tenant | [ ]  Short Term Owner | Date Purchased (If owner-occupied)      | Date Occupied      |
| Type Property | [ ]  Duplex | [ ]  Sleeping Room | [ ]  Other (Specify)      |
| [ ]  Single Family Dwelling | [ ]  Apartment | [ ]  Mobile Home |  |
| Address      |
| **REPLACEMENT** |
| Address      | Date Purchased      | Date Occupied      |
| [ ]  Single Family Dwelling | [ ]  Mobile Home Only | [ ]  New House Constructed on Remainder |
| [ ]  Mobile Home & Site | [ ]  Site Only | [ ]  New House Constructed on Replacement Site |
| Purchase Price      | New Telephone Number      | Replacement Obtained[ ]  With [ ]  Without Assistance From MoDOT Personnel |
| Previous Owner(s)      | Seller’s Real Estate Firm      |
| Lending Agency Involved      | Lender’s Address      |
| **COMPUTATIONS** |
| 1. | Computed Rental Subsidy |       |  |  |
| 2. | Actual down payment [ ]  made [ ]  committed in purchase of replacement |       |  |  |
| 3. | Lesser of line 1 and 2 |  |       |  |
| 4. | Actual incidental closing costs: |  |  |  |
| 5. | Legal, including preparation of deeds and contracts |       |  |  |
| 6. | Title examination and/or title insurance |       |  |  |
| 7. | Surveys, drawing and/or plats |       |  |  |
| 8 | Other: |       |  |  |
|  |       |       |  |  |
|  |       |       |  |  |
| 9. | Total incidental closing costs |  |       |  |
| 10. | Applicable purchaser points |  |       |  |
| 11. | Applicable loan origination and/or service fees |  |       |  |
| 12. | Enter total of lines 3, 9, 10, and 11(Not to exceed $5,250unless last resort, then not to exceed amount on line 1.) |  |  |       |
| 13. | Less previous rental subsidy payment – if any |  | - |       |
| **TOTAL AMOUNT CLAIMED** |  |  |  |
| The undersigned certifies both the above subject property and the above replacement property was/is our principal and  |
| legal residence. We further certify the above replacement meets decent, safe and sanitary standards as outlined in the |
| Missouri Department of Transportation’s Relocation Assistance Brochure and to the best of our knowledge and belief we |
| are eligible for the payment claimed herein. The undersigned 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. 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. The undersigned further certifies being a U.S. citizen or an alien that is lawfully present in the U.S. |
| 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 |
| [ ]  Relocatee occupied subject for required time prior to negotiations |
| [ ]  Replacement was purchased or built and occupied within required one-year time period |
| [ ]  Replacement meets decent, safe and sanitary requirements and inspection report is in the file (inspection report in unit file) |
| [ ]  Any previously paid rental subsidy payment has been deducted from amount being claimed |
| [ ]  All required documents and receipts are in subject’s unit file |
| [ ]  Computations have been checked and are correct |
| [ ]  Relocatee was in legal occupancy at initiation of negotiations for subject or upon receipt of a “Notice of Intent to Acquire” |
| [ ]  Information in required documents and receipts is compatible with amounts reflected on claim |
| [ ]  Proper agreement in file if “Advance” payment involved |
| [ ]  Purchaser points included in claim are normal in the area |
| [ ]  Purchaser points, origination and/or loan service fees do not exceed limitations |
| [ ]  Claim Submitted within required eighteen month time limit |
| Comments:      |
| The total sum |       | 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      |