

DETERMINATION OF RELOCATION BENEFITS DUE APPLICANT

(ER 405 -1 -12)

REPORT CONTROL SYMBOL**DEAN - RE - 18**

PROJECT

NAME & ADDRESS OF APPLICATION

APPLICATION NUMBER

TRACT NUMBER

The following is a determination of relocation benefits due the above applicant under Public Law 91-646; *(In cases where all benefits due cannot be paid at one time, such as in the case of annual rental payments, a record of payments will be set forth in the payment record at the end of this form.)*

1. MOVING EXPENSES:

a. Actual Residential _____ \$ _____

b. Fixed Residential _____ \$ _____

c. Actual Business Moving _____ \$ _____

d. Actual Business Storage _____ \$ _____

e. Business Direct Loss _____ \$ _____

f. Actual Business Searching _____ \$ _____

g. Fixed Business _____ \$ _____

h. Actual Farm Moving _____ \$ _____

i. Farm Direct Loss _____ \$ _____

j. Actual Farm Storage _____ \$ _____

k. Actual Farm Searching _____ \$ _____

l. Fixed Farm _____ \$ _____

TOTAL (Sum of a thru l, as they apply) _____ \$ _____

2. REPLACEMENT HOUSING, HOMEOWNERS:

a. Additional Cost of House _____ \$ _____

b. Increased Interest _____ \$ _____

c. Closing Costs _____ \$ _____

TOTAL (Sum of a thru c, as they apply) _____ \$ _____

3. REPLACEMENT HOUSING, TENANTS:

a. Supplemental Rental Payment _____ \$ _____

b. Down Payment _____ \$ _____

TOTAL (Sum of a or b, as applied) _____ \$ _____

4. INCIDENTAL EXPENSES:

a. Recording Fee _____ \$ _____

b. Transfer Taxes _____ \$ _____

c. Prepayment Costs _____ \$ _____

d. Prorated Real Estate Taxes _____ \$ _____

TOTAL (Sum of a thru d, as they apply) _____ \$ _____

5 . Sum approved for immediate payment (includes first rental installment)

----- \$ _____

6 . Sum approved for deferred payment (see note to Disbursing Officer below)

----- \$ _____

REMARKS:

DATE	NAME AND TITLE	SIGNATURE
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NOTE TO DISBURSING OFFICER:

The deferred payment under Item 6, above, covers a rental supplement to be paid in installments as follows:

\$ _____ on _____ , \$ _____ on _____ , and

\$ _____ on _____ , upon receipt by Disbursing Officer on an annual certification that the applicant occupies a comparable decent, safe, and sanitary dwelling.

PAYMENT RECORD

DATE PAID	ITEM PAID	AMOUNT CLAIMED	AMOUNT PAID