

MISSOURI DEPARTMENT OF TRANSPORTATION  
RIGHT OF WAY DIVISION

**REPLACEMENT HOUSING CLAIM**

|           |  |  |               |  |                |            |  |
|-----------|--|--|---------------|--|----------------|------------|--|
| COUNTY    |  |  | ROUTE         |  | PARCEL         | JOB NUMBER |  |
| OWNER (S) |  |  | DATE OF CLAIM |  | FEDERAL NUMBER |            |  |

**SUBJECT PROPERTY**

|  |  |  |   |
|--|--|--|---|
| ADDRESS  |  | DATE PURCHASED   | DATE OCCUPIED   |
| <input type="checkbox"/> FARM HOME<br><input type="checkbox"/> OTHER RURAL DWELLING<br><input type="checkbox"/> URBAN PROPERTY | ACQUIRED BY MHTD THROUGH<br><input type="checkbox"/> NEGOTIATED SETTLEMENT | <input type="checkbox"/> CONDEMNATION<br>IF NO, AGREEMENT SIGNED | CONDEMNATION CASE SETTLED<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

**REPLACEMENT PROPERTY**

|   |   |                          |               |   |
|---|---|--------------------------|---------------|---|
| ADDRESS   |   | DATE PURCHASED           | DATE OCCUPIED | MoDOT PERSONNEL ASSISTED IN OBTAINING REPLACEMENT<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> DECENT, SAFE & SANITARY DWELLING PURCHASED<br><input type="checkbox"/> REPLACEMENT PURCHASED AND BROUGHT UP TO DECENT, SAFE & SANITARY STANDARDS BY CLAIMANT<br><input type="checkbox"/> MOBILE HOME AND SITE PURCHASED<br><input type="checkbox"/> ONLY MOBILE HOME PURCHASED<br><input type="checkbox"/> ONLY SITE PURCHASED | NEW HOUSE CONSTRUCTED ON REMAINDER <input type="checkbox"/> YES <input type="checkbox"/> NO<br>SUBJECT RETAINED AND MOVED TO REMAINDER <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>IF RETAINED AND MOVED, OWNER IS <input type="checkbox"/> SHORT TERM OWNER <input type="checkbox"/> 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 relocatee. | \$ | -           | \$ |
| 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 can not 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.

|               |      |
|---------------|------|
| SIGNATURE (S) | DATE |
|---------------|------|

**TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION**

|            |              |
|------------|--------------|
| PAYABLE TO | AMOUNT<br>\$ |
|------------|--------------|

| TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT |                                    |          |          |                |        |            |  |  |  | TO BE COMPLETED BY THE BBS DIVISION |  |                          |                                       |
|---|------------------------------------|----------|----------|----------------|--------|------------|--|--|--|-------------------------------------|--|--------------------------|---------------------------------------|
| LINE  | FIXED ASSET                        | QUANTITY | FUND     | AGENCY         | ORG.   | APPR. UNIT |  |  |  |                                     |  |                          |                                       |
| 01  |                                    |          |          |                |        |            |  |  |  |                                     |  | <input type="checkbox"/> | Name of Payee is same as on document  |
| 02  |                                    |          |          |                |        |            |  |  |  |                                     |  | <input type="checkbox"/> | Distribution on code block is correct |
| LINE  | OBJECT                             | SUB-OBJ  | ACTIVITY | FUNCTION       | AMOUNT |            |  |  |  |                                     |  |                          |                                       |
| 01  |                                    |          |          |                |        |            |  |  |  |                                     |  | <input type="checkbox"/> | Document is certified                 |
| 02  |                                    |          |          |                |        |            |  |  |  |                                     |  | <input type="checkbox"/> | Amount is same as on document         |
| LINE  | PROJECT/JOB NO. REPORTING CATEGORY |          |          | COMMODITY CODE |        |            |  |  |  |                                     |  |                          |                                       |
| 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 or 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
- "Farm Home" replacement built on subject farm as required
- Claim submitted within required eighteen month time limit
- If a "Short Term" Owner is involved, total payment does not exceed \$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 |
|----------|----------------------|------|