

MISSOURI DEPARTMENT OF TRANSPORTATION  
RIGHT OF WAY DIVISION

**RENTAL SUBSIDY OFFER COMPUTATION SHEET**

JOB NUMBER

COUNTY	ROUTE	PARCEL	FEDERAL NUMBER
RELOCATEE(S)		ADDRESS	
<input type="checkbox"/> TENANT	<input type="checkbox"/> SHORT-TERM OWNER	<input type="checkbox"/> LONG-TERM OWNER	EXISTING MONTHLY RENTAL FOR SUBJECT (LAST 3 MONTH AVG.) \$
MONTHLY RENTAL INCLUDES <input type="checkbox"/> ALL UTILITIES <input type="checkbox"/> NO UTILITIES		PARTIAL UTILITIES: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> TRASH <input type="checkbox"/> HEAT <input type="checkbox"/> SEWER	
SUBJECT IS <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> PARTIALLY FURNISHED		ECONOMIC MONTHLY RENTAL FOR SUBJECT- IF SUBSTANTIALLY LESS THAN EXISTING OR IF OWNER INVOLVED \$	
TYPE OF DWELLING UNIT <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> APARTMENT <input type="checkbox"/> SLEEPING ROOM <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OTHER (SPECIFY)			
GROSS LIVING AREA			

**REPLACEMENT NO. 1**

ADDRESS OR LOCATION	DISTANCE FROM SUBJECT
OWNER(S)	REALTOR
REALTOR'S ADDRESS*	REPLACEMENT'S MONTHLY RENT \$

PROVIDE NARRATIVE COMPARISON OF SUBJECT TO REPLACEMENT IN SPACE PROVIDED ON BACK OF FORM.

**REPLACEMENT NO. 2**

ADDRESS OR LOCATION	DISTANCE FROM SUBJECT
OWNER(S)	REALTOR
REALTOR'S ADDRESS*	REPLACEMENT'S MONTHLY RENT \$

PROVIDE NARRATIVE COMPARISON OF SUBJECT TO REPLACEMENT IN SPACE PROVIDED ON BACK OF FORM.

**REPLACEMENT NO. 3**

ADDRESS OR LOCATION	DISTANCE FROM SUBJECT
OWNER(S)	REALTOR
REALTOR'S ADDRESS*	REPLACEMENT'S MONTHLY RENT \$

PROVIDE NARRATIVE COMPARISON OF SUBJECT TO REPLACEMENT IN SPACE PROVIDED ON BACK OF FORM.

**COMPUTATIONS**

1. Replacement No. _____ is Selected Comparable, Monthly Rental is	\$	
2. Add for Monthly Utility Adjustments	\$	
3. Total Lines 1 & 2	\$	X 42 = \$
4. Subject's <input type="checkbox"/> Existing <input type="checkbox"/> Economic    Monthly Rental is	\$	
5. Add for Monthly Utility Adjustments	\$	
6. Total Lines 4 & 5	\$	
7. Average Monthly Gross Household Income \$ _____ X 30% =	\$	0.00
8. Lesser of Lines 6 and 7	\$	X 42 = \$ 0.00
**9. Deduct Line 8 from Line 3 (Rental Subsidy Payment Offer Exclusive of Furnishings)	\$	
***10. Cost of Providing Furnishings in Comp. (Provided in Subject - Not in Comparable)	\$	
**11. Rental Subsidy Payment Offer (Total Lines 9 and 10)	\$	

To the best of my/our knowledge and belief, the above dwelling units are the most comparable decent, safe and sanitary units currently available for rent. If less than three comparable replacements were used on this computation sheet, I/we certify that no others could be located. I certify I have no direct or indirect present or contemplated personal interest in this transaction and I will not derive any benefit from the above computed rental subsidy payment.

PREPARED BY	DATE	CONCURRED BY (SIGNATURE OF CHIEF RELOCATION OFFICER, DISTRICT R/W MANAGER OR DISTRICT ENGINEER)	DATE
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RENTAL SUBSIDY OFFER COMPUTATION SHEET

DESCRIPTION OF SUBJECT				
GROSS LIVING AREA		HOW DETERMINED		TYPE UNIT
TOTAL ROOMS	NUMBER OF BEDROOMS	NUMBER OF BATHROOMS	UTILITIES PROVIDED <input type="checkbox"/> ALL <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL	
UNIT IS <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> PARTIALLY FURNISHED			IF PARTIAL: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> TRASH <input type="checkbox"/> HEAT <input type="checkbox"/> SEWER	
COMPARABLE REPLACEMENT NO. 1				
GROSS LIVING AREA		HOW DETERMINED		TYPE UNIT
TOTAL ROOMS	NUMBER OF BEDROOMS	NUMBER OF BATHROOMS	UTILITIES PROVIDED <input type="checkbox"/> ALL <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL	
UNIT IS <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> PARTIALLY FURNISHED			IF PARTIAL: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> TRASH <input type="checkbox"/> HEAT <input type="checkbox"/> SEWER	
NARRATIVE COMPARISON OF COMPARABLE				
COMPARABLE REPLACEMENT NO. 2				
GROSS LIVING AREA		HOW DETERMINED		TYPE UNIT
TOTAL ROOMS	NUMBER OF BEDROOMS	NUMBER OF BATHROOMS	UTILITIES PROVIDED <input type="checkbox"/> ALL <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL	
UNIT IS <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> PARTIALLY FURNISHED			IF PARTIAL: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> TRASH <input type="checkbox"/> HEAT <input type="checkbox"/> SEWER	
NARRATIVE COMPARISON OF COMPARABLE				
COMPARABLE REPLACEMENT NO. 3				
GROSS LIVING AREA		HOW DETERMINED		TYPE UNIT
TOTAL ROOMS	NUMBER OF BEDROOMS	NUMBER OF BATHROOMS	UTILITIES PROVIDED <input type="checkbox"/> ALL <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL	
UNIT IS <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> PARTIALLY FURNISHED			IF PARTIAL: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> TRASH <input type="checkbox"/> HEAT <input type="checkbox"/> SEWER	
NARRATIVE COMPARISON OF COMPARABLE				