

MISSOURI DEPARTMENT OF TRANSPORTATION
RIGHT OF WAY DIVISION

RENTAL SUBSIDY CLAIM

			JOB NUMBER
COUNTY	ROUTE	PARCEL	FEDERAL NUMBER
RELOCATEE(S)			DATE OF CLAIM
SUBJECT DWELLING UNIT			
ADDRESS			DATE OCCUPIED
TYPE OF DWELLING UNIT	MONTHLY RENT (LAST 3 MONTH AVG.) \$	UTILITIES FURNISHED <input type="checkbox"/> ALL <input type="checkbox"/> NONE PARTIAL: <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"/> PARTIALLY FURNISHED <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED	RENTAL SUBSIDY RECEIVED \$	RENTAL SUBSIDIZING AGENCY	
REPLACEMENT DWELLING UNIT - Occupied At Time Rental Subsidy Payment Claimed			
ADDRESS			DATE OCCUPIED
TYPE OF DWELLING UNIT	LOCATED <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT	MoDOT ASSISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
MONTHLY RENT \$	UTILITIES FURNISHED <input type="checkbox"/> ALL <input type="checkbox"/> NONE PARTIAL: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> WATER <input type="checkbox"/> TRASH <input type="checkbox"/> HEAT <input type="checkbox"/> SEWER	TELEPHONE	
REPLACEMENT <input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED <input type="checkbox"/> PARTIALLY FURNISHED			
RENTAL SUBSIDY RECEIVED \$	SUBSIDIZING AGENCY	PUBLIC SUBSIDIZED HOUSING <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPUTATIONS			
1. Actual Monthly Rent For Replacement Dwelling Unit	\$		
2. Utility Adjustment for Actual Replacement	\$		
3. Total of Lines 1 and 2	\$	x 42 =	\$
4. Subject's <input type="checkbox"/> EXISTING <input type="checkbox"/> ECONOMIC Monthly Rent	\$		
5. Utility Adjustments from Line 5 on Offer Computation Sheet	\$		
6. Total of Lines 4 and 5	\$		
7. Average Monthly Gross Household Income \$ _____ x 30% =	\$		
8. Lesser of Lines 6 and 7	\$	x 42 =	\$
9. Deduct Line 8 from Line 3			\$
10. Rental Subsidy Offer Exclusive of Furnishings - From Line 11 of Offer Computation Sheet			\$
11. Lesser of Lines 9 and 10			\$
12. Cost of Prov. Furn. in Selected Comp. as Shown on Line 10 of Offer Comp. Sheet	\$		
13. Documented Cost of Providing Furnishings in Replacement Dwelling Unit	\$		
14. Lesser of Lines 12 and 13			\$
15. PAYMENT DUE RELOCATEE - Total of Lines 11 and 14			\$
The undersigned certifies that I/we legally occupied the above subject dwelling unit for not less than 90 consecutive days prior to the date I/we vacated the unit, or the date negotiations were initiated by the Missouri Department of Transportation for the subject property, whichever was earliest. I/We further certify the subject dwelling unit was my/our principal and legal residence. I/We further certify the replacement dwelling unit meets decent, safe and sanitary standards as outlined in the Missouri Department of Transportation's Relocation Brochure. I/We further certify, to the best of our knowledge and belief, I/we are eligible for the payment claimed herein. The undersigned further certifies under the penalties and provisions of U.S.C. Title 18, Sec. 1001 and any other applicable law, this claim has been examined by me/us and is true, correct, and complete and I/we understand, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim may result in forfeiture of the entire claim. The undersigned further certifies to being a U.S. citizen or an alien that is lawfully present in the U.S.			
SIGNATURE(S)			DATE

TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION

PAYABLE TO	AMOUNT \$
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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 <input type="checkbox"/> Distribution on code block is correct <input type="checkbox"/> Document is certified <input type="checkbox"/> Amount is same as on document <input type="checkbox"/> Parcel number entered to PVQ document
02							
LINE	OBJECT	SUB-OBJ	ACTIVITY	FUNCTION	AMOUNT		
01							CHECKED BY
02							
LINE	PROJECT/JOB NO. REPORTING CATEGORY			COMMODITY CODE			
01							CHECKED BY
02							

TO BE COMPLETED BY DISTRICT R/W UNIT

- The amount shown on Line 10 is same as Line 9 on Rental Subsidy Computation Sheet
- Claim filed within required eighteen month time limit
- Replacement meets decent, safe, and sanitary requirements and inspection report is in the unit file
- Computations have been checked and are correct

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
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THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS

SIGNATURE	TITLE	DATE
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I CONCUR	DISTRICT R/W MANAGER	DATE
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