**SUPPLEMENTAL PAYMENT ESTIMATE - REPLACEMENT HOUSING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Print or Type All Information** | | | | | | | | | | | | | | | |
| Displacee’s Name: | | | | | | | ROW CSJ: | | | | | | Project No.: | | |
| Parcel No.: | | | | | | Highway No.: | | |
| Unit or Bldg. No.: | | | | | | | | |
| First Offer in Negotiations (Date): | | | | | | | | |
| Occupancy Since (Date): | | | | | | County: | | |
| Type Supplement:  Normal  180-day Owner  Revised  90-day Occupant  Last Resort  Late Occupants | | | | | | | Property From Which Displaced:  Single Family Home  Mobile Home Site  Apartment  Other:  Mobile Home  Duplex | | | | | | | | |
| Utilities in Subject Rent  Utilities Not in Subject Rent | | | | | | | Monthly Gross Income:  $      X 30% = $ | | | | | | | | |
| **Replacement Property Data**  \* Denotes Selected Replacement Property | | | | | | | | | | | | | | | |
| Property No. | Total Rooms | No. Bdr. | | Apprx. Sq. Ft. | Age | Quality | | | Cond. | Yd. Imp. | Index | | | Probable Sales Price | Rental Cost |
|  |  |  | |  |  |  | | |  |  |  | | |  |  |
|  |  |  | |  |  |  | | |  |  |  | | |  |  |
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| Subject |  |  | |  |  |  | | |  |  |  | | |  |  |
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| **Replacement Housing Supplement**  Replacement Cost $  Subject Value $  Supplement $ | | | | | | | | | | | | | | | |
| **Rent Supplement** | | | | | | | | | | | | | | | |
| Actual Rent  $  x 42  **$** | | | Fair Market Rent  $  x 42  **$** | | | | | Gross Income  $  x 42  **$** | | | | Replacement Cost Supplement  $  x 42  **$**  Supplement = $ | | | |

Total number of displaced persons:      .

List name, age, gender and relationship of household occupants other than displacee(s) named on page 1.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Household Occupant(s): | Age: | Gender: | Relationship to Displacee: |
|  |  |  |  |
|  |  |  |  |

**Remarks: (Use extra page if necessary)**

The supplemental payment(s) on page 1 have been determined by me and are to be used in connection with a federal-aid highway project. The replacement housing used for these supplement computations are certified to be fair housing open to all persons regardless of race, color, religion, age, sex, national origin or handicap and consistent with the requirements of Title VIII of the Civil Rights Act of 1968. I have no direct nor indirect, present or contemplated interest in this transaction nor will I derive any benefit from the supplemental payment.

**Prepared by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name)

Right of Way Agent

**Recommended Approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name)

TxDOT Right of Way Project Manager

**Approval by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name)

Project Delivery Supervisor/Manager

|  |
| --- |
| **ROW Division HQ Use Only** |

**Compliance Reviewed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name)

ROW Division Relocation Reviewer