

CLAIM FOR RENTAL ASSISTANCE PAYMENT

PROJECT NAME _____ PARCEL NO. _____
 NAME(S) OF CLAIMANT _____
 PRESENT MAILING ADDRESS _____
 _____ TELEPHONE NO. _____

OLD ADDRESS: _____
 DATE MOVED INTO: _____ Written Offer to Purchase Rec'd. _____

NEW ADDRESS: _____
 DATE MOVED INTO: _____

TYPE OF OCCUPANCY COVERED BY THIS CLAIM

_____ Dwelling Unit Tenant _____ Sleeping Room Tenant _____ Homeowner Occupant

COMPUTATION

- | | |
|---|----------|
| 1. Monthly Rental of Comparable Dwelling | \$ _____ |
| 2. Monthly Rental of Replacement Dwelling | \$ _____ |
| 3. Monthly Rental of Dwelling Vacated | \$ _____ |
| 4. Monthly Replacement Rental Cost (Line 1 minus 3
OR Line 2 minus 3, whichever is less) | \$ _____ |
| 5. Amount due Under This Claim (Line 4 multiplied
by 42, not to exceed \$5,250) | \$ _____ |

I(We) CERTIFY, under the penalties and provisions of U.S.C. Title 18, Sections 286, 287, and 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me (us) and are true, correct, and complete, I(We) further certify that I(we) have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

___I(We) further certify that my(our) choice of type of payment was made on the basis of a full explanation by the displacing agency relocation representative of the differences between the two types of payment available (rental assistance payment or downpayment assistance) and the eligibility requirements for each.

 Claimant
 Date _____

 Claimant
 Date _____

	Signature	Name (Type)	Date
RECOMMENDED	_____	_____	_____
APPROVED	_____	_____	_____