

Claim for Replacement Housing Payment for 180-Day Homeowner

**U.S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

OMB Approval No. 2506-0016
(exp. 04/30/2005)

For Agency Use Only	Name of Agency	Project Name or Number	Case Number
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Public Reporting Burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a replacement housing payment for a 180-day homeowner. You are not required by law to furnish this information, but if you do not provide it, you may not receive this payment or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.

Instructions. This form is for the use of families and individuals applying for a replacement housing payment for a 180-day homeowner. The Agency will help you complete this form. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal.

1. Your Name(s) (You are the Claimant(s)) and present Mailing Address	1a. Your Telephone Number(s)
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2. Have all members of the household moved to the same dwelling? Yes No (If "no", attach a list of the names of all members and the addresses to which they moved.)

Dwelling	Address	When did you buy this unit?	When did you move to this unit?	When did you move out of this unit?
3. Unit That You Moved From				
4. Unit That You Moved To				

5. Computation of Replacement Housing Payment Item	To Be Completed By Claimant	For Agency Use Only
(1) Purchase Price of Comparable Replacement Dwelling (To be provided by the Agency)	\$	\$
(2) Purchase Price of the Unit You Moved To	\$	\$
(3) Lesser of line (1) or (2)	\$	\$
(4) Price Paid by Agency for Unit That You Moved From	\$	\$
(5) Differential Amount (Subtract line (4) from line (3). If amount on line (4) exceeds amount on line (3), enter 0)	\$	\$
(6) Incidental Expenses (From line (16) of Item 12)	\$	\$
(7) Mortgage Buydown Payment and Other Debt Service Costs (To be determined by Agency. See instructions in Item 13)	\$	\$
(8) Total Amount of Replacement Housing Payment Claim (Add lines (5), (6), and (7))	\$	\$
(9) Amount Previously Received, if any	\$	\$
(10) Amount Requested (Subtract line (9) from line (8))	\$	\$

6. Certification of Eligibility for Relocation Payments and Services

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature(s) on this claim form constitutes certification.**

The individual(s) listed below occupy/occupies the dwelling at _____.

I _____, as head of household, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.

For unrelated individuals, each individual by affixing their signature below certifies that they are either a United States citizen or national, or an alien lawfully in the United States.

(Signature and Date)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

To Be Completed by Agency

7. Effective Date of Eligibility for Relocation Assistance (mm/dd/yyyy)		8. Date of Referral to Comparable Replacement Dwelling (mm/dd/yyyy)		9. Date Replacement Dwelling Inspected and Found Decent, Safe and Sanitary (mm/dd/yyyy)	
Payment Action	Amount of Payment	Signature		Name (Type or Print)	
10. Recommended	\$				
11. Approved	\$				

12. Incidental Expenses in Connection With Purchase of Replacement Dwelling

Instructions: Enter expenses incidental to the purchase of your new home. Do not include prepaid costs such as real estate taxes. Attach a copy of the closing statement and other receipts.

	(a) Claimant	(b) For Agency Use Only
(1) Legal Fees	\$	\$
(2) Owner's and Mortgagee's Title Insurance or Other Title Evidence		
(3) Property Survey		
(4) Cost of Preparing Deed and Related Conveyance Documents		
(5) Lender, FHA or VA Appraisal Fees		
(6) FHA or VA Application Fees		
(7) Certification of Structural Soundness When Required		
(8) Credit Report		
(9) Escrow Agent's Fees		
(10) Notary Fee		
(11) Termite Inspection		
(12) State Revenue or Documentary Stamps		
(13) Transfer Taxes		
(14) Recording Fees		
(15) Other Costs (specify)		
(16) Total Incidental Expenses (Add lines (1) through (15). Enter this amount on line (6) of Item 5).	\$	\$

13. Mortgage Buydown Payment and Other Debt Service Costs

Instructions: You are entitled to compensation to cover the additional costs you must pay to finance the purchase of a replacement dwelling. The "buydown" payment covers those costs that result because the interest rate you must pay for a new mortgage is higher than the interest rate on your old mortgage. The maximum buydown payment for which you can qualify is the amount needed to reduce your new mortgage balance to the amount which can be amortized with the same periodic payments for principal and interest as those for your old mortgage. (The Agency is required to advise you of its estimate of the maximum buydown payment and the interest rate, term and amount on which it was computed. You will need to borrow that amount over that term to qualify for the full payment.) If you have more than one mortgage on either your old or new home, complete a separate Item 13 for each computation and include the total amount of all such computations on line (7) of Item 5. Note: A mortgage on your old home that was in effect for less than 180 days before the Agency's initial written offer of just compensation for the property cannot be used as a basis for payment.

Part A - Information from Mortgage Documents

Item	(a) Old Mortgage	(b) New Mortgage	(c) Lesser of Col. (a) or (b)
(1) Outstanding principal balance	\$	\$	
(2) Annual interest rate of mortgage	%	%	
(3) Number of monthly payments remaining on mortgage	Mos.	Mos.	Mos.

Part B - Computation of Payment (Use mortgage amortization table with 6 decimal places.)

(4) Monthly payment required to amortize a loan of \$1,000 in _____ months (line (3), column (c)) at an annual interest rate of _____ % (line (2), column (b))	\$	
(5) Monthly payment required to amortize a loan of \$1,000 in _____ months (line (3), column (c)) at an annual interest rate of _____ % (line (2), column (a))	\$	
(6) Subtract line (5) from line (4)	\$	
(7) Divide line (6) by line (4) (carry to 6 decimal places)	\$	
(8) Enter old mortgage balance (amount on line (1), column (a))	\$	
(9) Multiply line (7) by line (8)	\$	
(10) New loan needed (subtract line (9) from line (8))	\$	
Note: If line (10) is less than line (1), column (b), enter amount from line (9) onto line (13) and skip lines (11) and (12)		
(11) Divide line (1), column (b) by line (10) (carry to 6 decimal places)	\$	
(12) Multiply line (11) by line (9)	\$	
(13) Enter amount from line (9) or line (12), as appropriate (This is the mortgage buydown payment)	\$	
(14) Other debt service costs (Reimbursement of purchaser's points and loan origination fees is based on the new loan needed (line (10)), or the actual new loan balance (line (1), column (b)), whichever is less. Do not include seller's points or any cost included as an incidental expense in Item 12.)	\$	
(15) Add lines (13) and (14). Enter this amount on line (7) of Item 5.	\$	