

**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<br>OR Line 2 minus 3, whichever is less | \$ _____ |
| 5. Amount due Under This Claim (Line 4 multiplied<br>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 \_\_\_\_\_