



Iowa Department of Transportation
OFFICE OF RIGHT OF WAY - RELOCATION

**RENTAL ASSISTANCE PAYMENT
SUMMARY AND CERTIFICATION**

Rent Supplement Determination

County _____

Project No. _____

Parcel No. _____

Name: _____

Tel No.: _____

Street Address: _____

City, State Zip: _____

Block A - Available Comparable Housing - For Rent:					
No.	Date	Address or Location	Rent	Est. Util.	Total
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$

INFORMATION FOR COMPLETION OF BLOCK B

In Block B - The previous "rent being paid" shall include any rent supplements supplied by others except, when by law; such supplement is discontinued upon vacation of the property.

Block B - Rental Supplement Payment:	
<p>1. The Most Nearly Comparable Housing (Block No. __) Rental \$_____/month including utilities x 42 Months = \$_____ Less:</p> <p>2. Previous Rent Paid (a) if applicable or (b) or (c)</p> <p>a. Economic Rent of Occupied Rental including utilities \$____ Per Month x 42 Months = \$____</p> <p>b. Average Monthly Rent Paid During the Last 3 Months including utilities \$____ Per Month x 42 Months = \$____</p> <p>c. Low Income Household Limit for ____ County \$____ Thirty Percent (30%) of Average (Household) Gross Monthly Income \$____ Per Month x 42 Months = \$____</p> <p>3. Total Rent Supplement Payment based on lower of 2.(a) (b) or (c)</p>	\$_____

Based on above calculations the estimated amount for supplemental replacement housing due the occupant, or occupants, of this dwelling as provided by the Iowa General Assembly is: \$_____

It is my understanding that this determination may be used in connection with a Federal Aid Highway Project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payment is not contingent upon any value conclusions as herein set forth and that all statements herein are true to the best of my knowledge and belief.

Signed _____
Relocation Assistance Advisor Date

Room Count PP Offer

Reasons for Selecting Comparable Used For Computation: _____

Additional Comments: _____

Based on above calculations the estimated amount for supplemental replacement housing due the occupant or occupants, of this dwelling as provided by Chapter 316 Iowa Code, is: \$ _____

It is my understanding that this determination may be used in connection with a Federal Aid highway project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payment is not contingent upon any value conclusion as herein set forth and that all statements herein are true to the best of my knowledge and belief.

Signed _____
, Relocation Assistance Advisor Date Room Count Pers _____