



**Iowa Department of Transportation**  
OFFICE OF RIGHT OF WAY - RELOCATION

**REPLACEMENT HOUSING PAYMENT  
SUMMARY AND CERTIFICATION**

**SUPPLEMENT DETERMINATION FOR  
OWNER OCCUPANT OF MORE THAN 180 DAYS**

County \_\_\_\_\_  
Project No. \_\_\_\_\_  
Parcel No. \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Tel No.: \_\_\_\_\_

**Block A -- Available Comparable Housing For Sale:**

Listing No.	Date	Address or Location	Listing Price
		1.	\$
		2.	\$
		3.	\$
		4.	\$

**Block B -- Owner-Occupant Replacement Housing Payment:**

The Most Nearly Comparable Housing (Block A) ---- Listing Number _____	
Cost of Comparable Housing	\$ _____
Less Acquisition Cost of Housing	- _____
Indicated Housing Payment	\$ _____

**Block C -- Available Comparable Housing For Rent:**

Listing No.	Date	Address or Location	Rent	Est. Util.	TOTAL
		1.	\$	\$	\$
		2.	\$	\$	\$
		3.	\$	\$	\$
		4.	\$	\$	\$

**Block D -- Rent Supplemental Housing Payment:**

1.	Most Nearly Comparable Housing Rental (Block C): Listing Number _____ \$ _____ Per Month x 42 Months = ..... \$ _____	
Less:		
2.	Economic Rent of Owner-Occupant Acquired Residence including Utilities Per Month x 42 Months = \$ _____	\$ _____
3.	Indicated Comparable Housing Rental Payment	\$ _____
4.	Supplemental Payment For Owner-Occupant To Rent (This shall not exceed the amount of Indicated Comparable Housing Payment (Block B))	\$

Reasons for Selecting Comparable Used For Computation: \_\_\_\_\_

