

REPLACEMENT HOUSING PAYMENT COMPUTATION - TENANT

Wisconsin Department of Transportation
RE1948 04/2015

Tenant – Occupant	90 Day – Owner Occupant	180 Day – Owner Occupant
Name		Number of Occupants
Address		Apartment Number Habitable Area Required
Subject Prop.-Unit Type-SF, Duplex, etc.	Approximate Age	State of Repair Approximate Habitable Area
Type of Construction	DSS	Type of Neighborhood Number of Rooms
Utilities Available	Furnished/Unfurnished	Number of Bedrooms

A – Available Comparable Housing - Enter most comparable on first line.

Listing Number	Square Feet Habitable Area	Address or Location	Actual Rent	Est. Avg. Utilities	Monthly Rent
			\$ + \$ = \$		
			\$ + \$ = \$		
			\$ + \$ = \$		

B – Calculation

1. New Monthly Rent (from A) \$ _____ per month X 48 months	\$ _____
2. Less Base Monthly Rent (Complete all applicable items. If not applicable, specify N/A)	
a. Actual Rent Paid (Average of last 3 months)	\$ _____
Utilities (Average of last 12 months)	+ \$ _____
	= \$ _____
OR	
b. Economic Rent	\$ _____
Utilities (Average of last 12 months)	+ \$ _____
	= \$ _____
c. Thirty (30) percent of Gross Monthly Income (See note.)	\$ _____
d. Amounts designated for Shelter & Utilities by Public Agency	\$ _____
3. Base Monthly Rent – Lesser of (a) OR (b, c, or d) \$ _____ per month x 48 months) =	\$ _____
4. Equals Indicated Rental Housing Payment (New Monthly Rent minus Base Monthly Rent)	\$ _____

Note: Thirty (30) percent of the displaced person's average monthly gross household income, if the household income is classified as "low income" by the U.S. Department of Housing and Urban Development's Annual Survey of Income Limits for the Public Housing and Section 8 programs

Rental Replacement Payment

The rental replacement housing payment shall be made in two installments.	Amount of first installment	\$ _____
	Amount of second installment	\$ _____

Attachments

- * Form RE1947 Residential Comparison Chart
- * Documentation of most comparable (purchase or rental) from source of information

Certification - I certify that:

1. The determination of the amount of this payment as shown in the computations on this document is correct;
2. I understand that the determination may be used in connection with a Federal Aid Project;
3. I have no direct or indirect, present or contemplated interests in this transaction, nor will I derive any benefit from this payment.

RECOMMEND APPROVAL

X (Regional Relocation Specialist)	X (Reviewed by)
(Date)	(Date)

APPROVED

X (Regional Director/Real Estate Chief)	X (Central Office Real Estate)
(Date)	(Date)

	Project ID	Project	County	Parcel
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