Claim for Replacement Housing Payment for 180-Day Homeowner-Occupant (49 CFR 24.401)

For Agency Name of Agency Use Only	Project Name or Number	Case Number
------------------------------------	------------------------	-------------

Instructions. This form is for the use of families and individuals applying for a replacement housing payment under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) for a 180-day homeowner occupant who elects to buy a replacement home. A homeowner-occupant who decides to rent rather than buy should also use form HUD-40058. The Agency will help you complete this form. HUD also provides information on these requirements and other guidance materials on its website at: www.hud.gov/relocation. 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.

All claims for payment by a homeowner-occupant must be filed within 18 months after the latest of: a) the date of displacement or b) the date of final payment for the acquisition of the real property. Displaced 180-day homeowner occupants muct purchase and occupy a decent, safe and sanitary replacement dwelling within 1 year after the later of: a) the date of final payment for the displaced dwelling (for condemnation, use the date just compensation deposited in court) or b) the date a comparable replacement dwelling is made available by the agency (see 24.204).

1.	Your Name(s) (1a. Your Tel	1a. Your Telephone Number(s)		
2.	Have all membe	h a list of the names of the second the seco	of the names of all members 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. Certification of Legal Residency in the United States (Please read instructions below before completing this section.) 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 relocation benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) Your signature on this claim form constitutes certification. See 49 CFR 24.208(g) & (h) for hardship exceptions.

Please address only the category (Individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons.

RESIDENTIAL HOUSEHOLDS

(1)	Individual.	(2) Family.			
	I certify that I am: (check one)	I certify that there are	persons in my household ar	nd that	
	a citizen or national of the United States	are citizens of	r nationals of the United States and _	are aliens lawfully	
an alien lawfully present in the United States. present in the United States.					
6.	Computation of Replacement Housing Payment (A				
	who elects to rent should complete only items 1, 3, 4 &	5)	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 Dwelling You Moved To (Not ap occupant who elects to rent)	plicable for owner-			
(3)	Lesser of line 6(1) or 6(2)				
(4)	Price Paid by Agency for Dwelling That You Moved Fr	om			
(5)	Price Differential Amount (Subtract line 6(4) from line	e 6(3).			
(-)	If amount on line 6(4) exceeds amount on line 6(3), er				
	maximum amount for a homeowner occupant who ele	cts to rent.			
(6)	Incidental Expenses (From line 7(10))				
(7)	Mortgage Buydown Payment and Other Debt Service	Costs			
. ,	(To be determined by Agency. See instructions in Ite	em 8)			
(8)	Total Amount of Replacement Housing Payment Claim (Add lines 6(5), 6(6), and 6(7))	I			
(9)	Amount Previously Received, if any				
(10) Amount Requested (Subtract line 6(9) from line 6(8))				

Instruc prepai	idental Expenses in Connection With Purchase of Replacement tions: Enter expenses incidental to the purchase of your new home. Do not includ d costs such as real estate taxes. Attach a copy of the closing statement and othe exceed the costs for a comparable replacement dwelling.	e	01 (e))	(a) Claimant		(b) For Agency Use Only
(1)	Legal, closing and related costs, including title search, preparing co	,				
	instruments, notary fees, prearing surveys and plats, and recording	fees	\$		\$	
(2)	Lender, FHA or VA Application and Appraisal Fees		\$		\$	
(3)	Loan Origination or Assumption Fees (Not Prepaid Interest).		\$		\$	
(4)	Professional Home Inspection, Certification of Structural Soundness	, and Termite				
	Inspection		\$		\$	
(5)	Credit Report		\$		\$	
(6)	Owner's and mortgagee's evidence of title, e.g. title insurance *		\$		\$	
(7)	Escrow Agent's Fee		\$		\$	
(8)	State Revenue or Documentary Stamps, Sales or Transfer Taxes *		\$		\$	
(9)	Other Costs (specify)		\$		\$	
(10)	Total Incidental Expenses (Add lines 7(1) through 7(9). Enter this amount on line 6(6)).		\$		\$	
your old old hom Also, if no justif	bunt on which it was computed. You will need to borrow that amount over the or new home, complete a separate Item 8(13) for each computation and inclue that was in effect for less than 180 days before the Agency's initial written the combination of interest and points for the new mortgage exceeds the cur fication for the excessive rate, then the current prevailing fixed interest rate	ude the total amount n offer of just com rrent prevailing fix	unt of all s pensatior ed interes	uch computation for the properties trate and point in the comput	ons on line 6(rty cannot be nts for conven	7). Note: A mortgage on your used as a basis for payment.
Part A	- Information from Mortgage Documents	Old Mortga	age		ortgage	Lesser of Col. (a) or (b)
(1)	Outstanding principal balance \$	6		\$		
(2)	Annual interest rate of mortgage		%		%	
(3)	Number of monthly payments remaining on mortgage		Mos.		Mos.	Mos.
	- Computation of Payment (Use mortgage amortization table with Monthly payment required to amortize a loan of \$1,000 in at an annual interest rate of % (8(2)(b))	•	,		\$	<u>.</u>
(5)	Monthly payment required to amortize a loan of \$1,000 in at an annual interest rate of % (8(2)(a))	months (8(3))(c))		\$	
(6)	Subtract line 8(5) from line 8(4)				\$	
(7)	(7) Divide line 8(6) by line 8(4) (carry to 6 decimal places)			\$	\$	
(8)	Enter old mortgage balance (amount on line 8(1)(a))				\$	

(9) Multiply line 8(7) by line 8(8)

 (10) New loan needed (subtract 8(9) from 8(8))
 \$

 Note: If 8(10) is less than 8(1)(b), enter amount from line 8(9) onto line 8(13) and skip lines 8(11) and 8(12)
 \$

 (11) Divide 8(1)(b) by 8(10) (carry to 6 decimal places)
 \$

 (12) Multiply line 8(11) by line 8(9)
 \$

 (13) Enter amount from 8(9) or 8(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 (8(10)), or the actual new loan balance (8(1)(b)), whichever is less. Do not include seller's points or any cost included as an incidental expense in 7(12).)

(15) Add lines 8(13) and 8(14). Enter this amount on 6(7).

9. Certification By Claimant(s): I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source. Signature(s) of Claimant(s) & Date

Х

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 10. Effective Date of Eligibility for Relocation Assistance (mm/dd/yyyy)		11.Date of Referral to Comparable Replacement Dwelling (mm/dd/yyyy)	12. Date Replacement Dwelling Inspected and Found Decent, Safe and Sanitary (mm/dd/yyyy)		
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)	
13. Recommended	\$				
14. Approved	\$				

Remarks

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, and implementing regulations at 49 CFR 24. The information may be made available to a Federal agency for review.

Public reporting burden for this collection of information is estimated to average 1.0 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a replacement housing payment for a 180-day homeowner and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.