

**Schedule C**  
**Claim of Rental Replacement Housing Payments – Residential**  
(Under Sec. 204 (a), P.L.91-646, as amended)

**Section 1 – To Be Completed By Claimant**

1. NAME: _____	2. PROJECT/TRACT: _____								
3. WHAT WAS THE MONTHLY RENTAL RATE OF THE DWELLING YOU VACATED? \$ _____	4. CHECK THE UTILITIES THAT WERE INCLUDED IN YOUR RENT: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> OTHER								
5. WHAT IS YOUR AVERAGE HOUSEHOLD MONTHLY INCOME? \$ _____ (Does not include income received or earned by dependent children and full time students under 18 years of age.) (49CFR24.2(a)(14))									
6. WHAT IS THE MONTHLY RENTAL RATE FOR THE REPLACEMENT DWELLING? \$ _____	7. CHECK THE UTILITIES THAT ARE INCLUDED IN YOUR RENT: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> OTHER								
8. REQUEST FOR PAYMENT:	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">LUMP SUM</td> <td style="text-align: center;">INSTALLMENT</td> <td style="text-align: center;">FREQUENCY</td> <td style="text-align: center;">AMOUNT OF INSTALLMENT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ _____</td> </tr> </table>	LUMP SUM	INSTALLMENT	FREQUENCY	AMOUNT OF INSTALLMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
LUMP SUM	INSTALLMENT	FREQUENCY	AMOUNT OF INSTALLMENT						
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____						
9.									
SIGNATURE: _____	SIGNATURE: _____								
DATE: _____	DATE: _____								

**Section 2 – To Be Completed By Agency**

COMPUTATION OF AMOUNT OF PAYMENT				
LAST RESORT HOUSING PAYMENT	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
BASE MONTHLY RENTAL OF COMPARABLE REPLACEMENT DWELLING:	\$ _____			
BASE MONTHLY RENTAL RATE OF REPLACEMENT DWELLING:	\$ _____			
BASE MONTHLY RENTAL RATE OF ACQUIRED DWELLING: (actual rent or 30% of line 5, whichever is less) (49CFR24.402(b)(2)(ii))	\$ _____			
REPLACEMENT RENTAL COSTS: (The lesser of the difference between the comparable and acquired OR the replacement and acquired)	\$ _____			
AMOUNT DUE UNDER THIS CLAIM: (Replacement rental costs multiplied by 42)	\$ _____			
PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			
REMARKS:				