

**Schedule D**  
**Down Payment and Incidental Expenses – Residential**  
(Under Sec. 204 (b) P.L. 91-646, as amended)

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

1. NAME: \_\_\_\_\_

2. PROJECT/TRACT: \_\_\_\_\_

3. PRICE PAID FOR REPLACEMENT DWELLING: \$ \_\_\_\_\_

4. DOWN PAYMENT ACTUALLY PAID FOR REPLACEMENT DWELLING: \$ \_\_\_\_\_

5. INCIDENTAL EXPENSES: (Attach a copy of the closing statement and/or other documentation in support of the amounts claimed)  
49CFR24.401(e)

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY	ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
LEGAL, CLOSING, AND RELATED COSTS	\$ _____	_____	ESCROW FEE	\$ _____	_____
TITLE SEARCH FEE	\$ _____	_____	TRANSFER TAXES	\$ _____	_____
NOTARY FEE	\$ _____	_____	LOAN ORIGATION OR ASSUMPTION FEES (that do not represent prepaid interest)	\$ _____	_____
RECORDING FEES	\$ _____	_____	CERTIFICATION FEE	\$ _____	_____
SURVEY COSTS	\$ _____	_____	HOME INSPECTION FEE	\$ _____	_____
LENDER'S APPRAISAL FEE	\$ _____	_____	TERMITE INSPECTION FEE	\$ _____	_____
LENDER'S APPLICATION FEE	\$ _____	_____	COST OF POINTS FOR MORTGAGE	\$ _____	_____
CREDIT REPORT FEE	\$ _____	_____	OTHER (LIST) _____	\$ _____	_____
OWNER'S AND MORTGAGEE'S EVIDENCE OF TITLE	\$ _____	_____	_____	\$ _____	_____
			_____	\$ _____	_____
			TOTAL	\$ _____	_____

6. RENTAL ASSISTANCE PAYMENT PREVIOUSLY RECEIVED: (if any) \$ \_\_\_\_\_

7. DOWN PAYMENT ADVANCED: (if any) \$ \_\_\_\_\_

8. SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

9. REMARKS:

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

COMPUTATION OF AMOUNT OF DOWN PAYMENT

PRICE OF A COMPARABLE DWELLING:	\$ _____	TOTAL DOWN PAYMENT: <i>(The lesser of the difference between the down payment for comparable plus incidental costs or the down payment actually paid plus incidental costs)</i>	\$ _____
DOWN PAYMENT REQUIRED FOR CONVENTIONAL MORTGAGE ON COMPARABLE DWELLING:	\$ _____	RENTAL ASSISTANCE PREVIOUSLY RECEIVED:	\$ _____
PRICE PAID FOR REPLACEMENT DWELLING:	\$ _____	DOWN PAYMENT ADVANCED:	\$ _____
DOWN PAYMENT ACTUALLY PAID ON REPLACEMENT DWELLING:	\$ _____	TOTAL AMOUNT DUE:	\$ _____
INCIDENTAL COSTS:	\$ _____		

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			