DI-381 (03-2019) Department of the Interior

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Schedule B

Claim of Home Owners 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. At the time you received the Agency's written offer to acquire your dwelling, was this dwelling owned and occupied by you for 90 consecutive days immediately prior thereto as your permanent residence? YES □ NO □ 4. 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 TRANSFER TAXES | \$ \$ | |
| TITLE SEARCH FEE | \$ | | LOAN ORIGINATION OR | \$ | |
| NOTARY FEE | \$ | | ASSUMPTION FEES (that do | Ψ | |
| RECORDING FEES | \$ | | not represent prepaid interest) | _ | |
| SURVEY COSTS | \$ | | CERTIFICATION FEE | \$ | |
| LENDER'S APPRAISAL FEE | \$ | | HOME INSPECTION FEE TERMITE INSPECTION FEE | \$ \$ | |
| LENDER'S APPLICATION FEE | * | | OTHER (LIST) | \$ \$ | |
| CREDIT REPORT FEE | \$ | | OTTLER (EIGT) | \$ | |
| OWNER'S AND MORTGAGEE'S EVIDENCE OF TITLE | S \$ | | | \$ | |
| | | | TOTAL | \$ | |
| 5. AMOUNT OF RENTAL ASSISTANCE PAYMENT PREVIOUSLY RECEIVED (if any) \$ | | | | | |
| 6. AMOUNT OF REPLACEMENT HOUSING PAYMENT ADVANCED (if any) \$ | | | | | |
| | | | | | |
| SIGNATURE: | | | SIGNATURE: | | |
| DATE: | | | DATE: | | |
| | | | | | |
| Section 2 – To Be Completed By Agency | | | | | |
| COMPUTATION OF AMOUNT OF PAYMENT | | | | | |
| LAST RESORT HOUSING PAYMENT YES U NO U | | MORTGAGE INTEREST COST: (See note) \$ | | | |
| PRICE OF A COMPARABLE DWELLING: \$ | | AMOUNT OF INCIDENTAL EXPENSES \$ | | | |
| PRICE PAID FOR REPLACEMENT DWELLING: \$ | | | TOTAL PAYMENT: \$ | | |
| PRICE PAID FOR ACQUIRED DWELLING: \$ | | AMOUNTS PREVIOUSLY PAID OR ADVANCED: | | | |
| PAYMENT: (The lesser of the difference between the comparable and acquired OR the replacement and acquired dwelling) \$ | | 8 | TOTAL DUE UNDER THIS CLAIM | M: \$ | |
| Note: Increased mortgage interest costs can be claimed only if there was a bona fide mortgage(s) on the acquired dwelling for at least 90 days immediately prior to the initiation of negotiations to acquire the property. | | | | | |

OMB Control Number: 1084-0010 Expiration Date: 12/31/2021

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OMB Control Number: 1084-0010 Expiration Date: 12/31/2021 COMPUTATION OF INCREASED MORTGAGE INTEREST COSTS AGENCY ACQUIRED DWELLING MORTGAGE(S) **REPLACEMENT** DWELLING (a) **MORTGAGE** (b) ITEM **FIRST SECOND THIRD** 1. ISSUANCE DATE OF MORTGAGE 2. OUTSTANDING MORTGAGE BALANCE \$ \$ \$ \$ 3. AMOUNT OF MONTHLY MORTGAGE \$ \$ \$ \$ **PAYMENT** % % % % 4. ANNUAL INTEREST RATE OF MORTGAGE 5. MONTHS REMAINING ON MORTGAGE BALANCE: 6. MONTHLY PAYMENTS OF:.. (line 3) \$ \$ \$ At the current prevailing fixed interest rate 7. FOR NUMBER OF MONTHS ... (line 5) 8. WILL PAY OFF A BALANCE OF: \$ \$ \$ 9. INTEREST DIFFERENTIAL PAYMENT FOR \$ \$ \$ EACH MORTGAGE: (line 2 minus line 8) 10. SUM OF PAYMENTS TO EACH MORTGAGE: (from line 9, but not less than 0) 11. COST OF POINTS FOR MORTGAGE: 12. TOTAL: 13. IF line 2(b) IS LESS THAN THE TOTAL OF line 8 THEN: total of line 8 line 2(b) factor line 12 total **REMARKS: PAYMENT AMOUNT SIGNATURE** TITLE DATE RECOMMENDED: APPROVED: FBMS INVOICE NO .: