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

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: ❑ ELECTRIC ❑ GAS ❑ WATER ❑ 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: ❑ ELECTRIC ❑ GAS ❑ WATER ❑ OTHER

8. REQUEST FOR PAYMENT:	LUMP SUM	INSTALLMENT	FREQUENCY	AMOUNT OF INSTALLMENT
	❑	❑	_____	$_____

9.

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

Section 2 – To Be Completed By Agency

COMPUTATION OF AMOUNT OF PAYMENT

LAST RESORT HOUSING PAYMENT YES ❑ NO ❑

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: