

**REPLACEMENT HOUSING PAYMENT – TENANT**

Wisconsin Department of Transportation

Computation Form  
RE1948 10/2019

Tenant – Occupant                       90 Day – Owner Occupant                       <90 Day – Owner Occupant

**Subject Property**

Name		Number of Occupants	
Address		Apartment Number	Habitable Area Required
Subject Prop.-Unit Type-SF, Duplex, etc.		Approximate Age	State of Repair
Type of Construction	DSS	Type of Neighborhood	Number of Rooms
Utilities Available		Furnished/Unfurnished	Number of Bedrooms

**Section A – Available Comparable Housing** – Computations are made using Comparable Property A listed below

Comparable Property	Habitable Area – Sq Ft	Address or Location	Actual Rent	Est. Avg. Utilities	Monthly Rent
A			\$ + \$		= \$
B			\$ + \$		= \$
C			\$ + \$		= \$

**Section B – Replacement Housing Payment Calculation**

1. New Monthly Rent (from Section A) \$ \_\_\_\_\_ per month X 48 months \$ \_\_\_\_\_
2. Less Base Monthly Rent (Complete all applicable items. If not applicable, specify N/A)
  - a. Actual Rent Paid (Average of last 3 months) \$ \_\_\_\_\_
  - Utilities (Average of last 12 months) + \$ \_\_\_\_\_
  - OR**
  - b. Economic Rent \$ \_\_\_\_\_
  - Utilities (Average of last 12 months) + \$ \_\_\_\_\_
  - c.** Thirty (30) percent of Gross Monthly Income (See note.) \$ \_\_\_\_\_
  - d.** Amounts designated for Shelter & Utilities by Public Agency \$ \_\_\_\_\_
3. Base Monthly Rent – Lesser of (a) OR (b, c, or d) \$ \_\_\_\_\_ per month x 48 months) = \$ \_\_\_\_\_
4. Equals Indicated Rental Housing Payment (New Monthly Rent minus Base Monthly Rent) \$ \_\_\_\_\_

Note: Thirty (30) percent of the displaced person's average monthly gross household income, if the household income is classified as "low income" by the U.S. Department of Housing and Urban Development's Annual Survey of Income Limits for the Public Housing and Section 8 programs

**Rental Replacement Payment**

The rental replacement housing payment shall be made in two installments.

Amount of first installment	\$ 0.00
Amount of second installment	\$ 0.00

**Attachments**

- \* Residential Comparison Chart
- \* Documentation of comparable properties from source of information

**Relocation Specialist Statement of Certification** – I certify that:

1. The determination of the amount of this payment as shown in the computations on this document is correct to my knowledge;
2. I understand that the determination may be used in connection with a Federal Aid Project;
3. I have no direct or indirect present or contemplated interests in this transaction nor will I derive any benefit from this payment.

**APPROVAL RECOMMENDED:**

\_\_\_\_\_  
Relocation Specialist Date

**COMPUTATION APPROVED BY:**

\_\_\_\_\_  
BTS-RE Statewide Relocation Facilitator Date

Project ID                      Project                      County                      Parcel

# REPLACEMENT HOUSING PAYMENT – TENANT

Comparison Chart

Wisconsin Department of Transportation

ITEM	SUBJECT PROPERTY	COMPARABLE A	COMPARABLE B	COMPARABLE C
Address				
Functionally equivalent				
Meets DSS standards				
Unit type				
Type of Construction				
# Rooms / bedrooms				
Habitable area				
Approximate Age				
State of repair				
Fair housing				
Utilities Available				
Distance to work				
Distance to schools				
Distance to transportation				
Distance to other:				
Adequate for displaced persons				
Available to displaced persons				
Within financial means				
Type of neighborhood				
Lot size				
Garage size				
Actual Monthly Rent		\$	\$	\$
Utilities (Avg. of 12 months)		\$	\$	\$
Total Monthly Rent		\$	\$	\$

All properties identified are considered comparable. The RHP is calculated utilizing the costs associated with Comparable A.

**Explanation** (Attach further pages if necessary.):