

APPLICATION AND CLAIM FOR REPLACEMENT HOUSING PAYMENT

Displacee Address: _____
Make Warrant Payable to: _____

ITEM/SEGMENT #: _____
MANAGING DISTRICT: _____
F.A.P. #: _____
STATE ROAD #: _____
COUNTY: _____
PARCEL: _____

Warrant Amount: _____

The undersigned, herein referred to as Claimant regardless of number, hereby makes application for replacement housing payment authorized by the Department of Transportation, State of Florida, County of _____, to wit in support of said application claimant, after first being duly sworn, deposed and says:

1. Claimant certifies that he/she is a legal resident of the United States, and upon Department request can provide documentation verifying legal residency.
2. That claimant owned and occupied rented and occupied the above referred to property for not less than 90 days prior to the initiation of negotiations by the State of Florida Department of Transportation for the acquisition of said property.
3. That claimant was required to move from the aforesaid property on _____, and purchased or rented a replacement dwelling on _____. The replacement dwelling located at _____ was occupied on _____.
4. That claimant believes and is satisfied that said dwelling meets the requirements of being decent, safe and sanitary and adequate as described in the brochure entitled "Your Relocation", a copy of which claimant has received and read.
5. That the total number of persons, including claimant, displaced by the acquisition of the former dwelling by the State of Florida, Department of Transportation is _____.
6. Claimant requests that the payment in the amount of _____, applied for herein be made to (check one) claimant other (if payment is to be made to a person or persons other than claimant, the name and address of said payee should be written in space provided below and the explanation for payment given).

7. That claimant will permit representatives of the State of Florida Department of Transportation to inspect the replacement dwelling at reasonable times.
8. Claimant agrees the amount of any settlement or final judgment rendered in claimant's behalf in any condemnation proceeding shall be reduced so ____%¹ of the final settlement or judgment amount for your property plus the replacement housing payment (RHP) herein claimed does not exceed \$ _____.² Claimant hereby understands and agrees the amount reduced from any settlement or final judgment cannot be more than the total amount of the RHP claimed.
9. This Claim will be reviewed for approval of payment within ten (10) working days of receipt by the Department at its office located at:

D.O.T. AGENT

STATE OF FLORIDA
COUNTY OF: _____

Claimant Signature

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ who is personally known to me or who has produced _____ as identification, and who did take an oath.

Notary Public in and for the County and State last aforesaid.
My commission expires: _____
Serial No., if any: _____
Notary Signature: _____

¹ (Enter the percentage of the total appraised amount equal to the computed carve-out. If there is no carve-out, enter 100%.)

² (Enter the lesser of the cost of the number one comparable identified in the original Replacement Housing Payment Determination/Three Comp Method or the replacement dwelling selected.)