

### 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.
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 \_\_\_\_%<sup>1</sup> of the final settlement or judgment amount for your property plus the replacement housing payment (RHP) herein claimed does not exceed \$ \_\_\_\_\_.<sup>2</sup> 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: \_\_\_\_\_

<sup>1</sup> (Enter the percentage of the total appraised amount equal to the computed carve-out. If there is no carve-out, enter 100%.)  
<sup>2</sup> (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.)