

# DETERMINATION OF SUPPLEMENTAL DOWN PAYMENT ASSISTANCE AND CLAIM FOR PAYMENT

North Dakota Department of Transportation, Environmental & Transportation Services  
SFN 17863 (9-2017)

Project Control Number	Project Number	Primary Parcel Number	
Additional Parcel(s)			
Address of NDDOT Acquired Property	City	State	ZIP Code
Duration of Occupancy at State Acquired Property (days/months/years)			
Address of Replacement Property	City	State	ZIP Code
Date Occupant Moved into Replacement Property			

Full Name of Displaced Person(s)			
Address	City	State	ZIP Code
Type of occupancy covered by this claim <input type="checkbox"/> Tenants <input type="checkbox"/> 90 Day Owner-Occupants	Type of dwelling unit <input type="checkbox"/> Conventional Unit <input type="checkbox"/> Apartment/Sleeping Room <input type="checkbox"/> Mobile Home		

## ELIGIBLE DOWN PAYMENT ASSISTANCE PAYMENT (TENANTS)

- (a) Refer to Determination of Supplemental Rental Housing Payment Form for required rental assistance payment calculations.  
Determined Rental Assistance Payment \$ \_\_\_\_\_
- (b) Tenants Down Payment - Amount of Item (a) above \$ \_\_\_\_\_  
(Not to exceed \$7,200 unless last resort housing is required)

## ELIGIBLE DOWN PAYMENT ASSISTANCE PAYMENT (90 DAY OWNER-OCCUPANTS)

- (a) The Amount of Replacement Housing Payment \$ \_\_\_\_\_  
Refer to Replacement Housing Computation Sheets Form
- (b) The required amount for increased interest costs and other debt service costs in connection with the mortgage on the acquired property \$ \_\_\_\_\_
- (c) The amount of expenses that are incidental to the purchase of the acquired property \$ \_\_\_\_\_
- (d) Owner-occupants down payment - total amount of (a), (b), and (c) \$ \_\_\_\_\_  
(Not to exceed \$31,000 unless last resort housing is required)

**NOTE: The Relocation Officer shall assure that the purchased replacement dwelling is decent, safe, sanitary and suitable in size and utility for the displaced person(s) prior to the down payment assistance being made.**

I certify that to the best of my knowledge and belief, the above-described replacement property meets the standards for decent, safe, and sanitary housing established by the Federal Highway Administration.  
I also certify that the down payment assistance payment being received will be utilized toward obtaining loan financing of a home that will be purchased and occupied by \_\_\_\_\_ (date).  
I also understand that the payment being received is the down payment assistance payment which also includes any increased mortgage expenses and all eligible loan incidental costs.

Date of Claim	Amount Approved for Payment
Displaced Person's Signature	Displaced Person's Signature
ND Department of Transportation	Date Approved