DETERMINATION OF SUPPLEMENTAL DOWN PAYMENT ASSISTANCE AND CLAIM FOR PAYMENT

North Dakota Department of Transportation, ETS
SFN 17863 (Rev. 10-2009)

Project Control Number | Primary Parcel Number | Project Number

Additional Parcel(s)

Full Name of Displaced Person(s)

Displaced Person's Mailing Address

Type of occupancy covered by this claim
☐ Tenants ☐ 90 - 179 Day Owner-Ocupants

Type of Dwelling Unit
☐ Conventional Unit
☐ Apartment/Sleeping Room
☐ Mobile Home

Location of NDDOT Acquired Property

Duration of Occupancy At State Acquired Property
Years Months Days

Location of Replacement Property

Date Occupant Moved into Replacement Property

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 $5,250 unless last resort housing is required)

ELIGIBLE DOWN PAYMENT ASSISTANCE PAYMENT (90-179 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 $22,500 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: _____ / _____ / _____

X _____
Displaced Person's Signature

Amount Approved for Payment $ _____

X _____
Displaced Person's Signature

_____
Date Approved

X _____
North Dakota Department of Transportation