

# Claim for Rental Assistance or Down Payment Assistance

Georgia Department of  
Community Affairs  
Housing Finance and  
Development Department

For Agency Use Only	Name of Applicant	Project Name or Number	Case Number
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**Instructions:** This claim form is for the use of families and individuals applying for rental or down payment assistance under the DCA Relocation Manual. The Relocation Specialist will help you complete the form. If the full amount of your claim is not approved, the Relocation Specialist will provide you with a written explanation of the reason. If you are not satisfied with the their determination, you may appeal that determination by using the Compliance Portal ([form.jotform.com/82054715249155](http://form.jotform.com/82054715249155)), telephone (800-359-4663) or email ([compliance@dca.ga.gov](mailto:compliance@dca.ga.gov)).

**Displaced persons must rent/purchase and occupy a decent, safe and sanitary replacement dwelling within one year from the date of displacement for replacement housing payment eligibility. All claims for payments must be filed no later than 18 months from the date of displacement.**

1a. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1b. Telephone Number(s)
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2a. Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", list the names of all members and the addresses to which they moved in the Remarks Section.)	2b. Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dwelling	Address	When Did You Rent/Buy This Unit?	When Did You Move To This Unit?	When Did You Move Out of This Unit?
3. Unit That You Moved From				
4. Unit That You Moved To				

5. Determination of Person's Financial Means (Not applicable to 90-day homeowner-occupants who choose to rent. Enter NA in Item 6(6).)		Household Income	
		Claimant (a)	For Agency Use Only (b)
(1) Total number of persons in the household (See item 5(1) or (2))			
(2) Annual Gross Household Income. Enter name of each household member with income (include the income of persons not lawfully present in the U.S.)		\$	\$
(3) Total Gross Annual Income (Sum of entries in item 6(2))		\$	\$
(4) Low income limit for number of persons in item 6(1). If item 6(3) is greater than item 6(4) - Family is not low-income.			\$
(5) Gross Monthly Income (Divide item 6(3) by 12)		\$	\$
(6) 30% of item 6(5) or "NA". (If gross annual income item 6(3) is greater than low income limit in item 6(4), enter "NA".)		\$	\$

**6. Determination of Rent and Average Monthly Utility Costs**

**Instructions:** To compute the payment, entries on line (8) must reflect all utility services. Therefore, identify on lines (2) through (5) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is not covered by the monthly rent, indicate the estimated out-of-pocket monthly cost. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). Determine the estimated average monthly cost of a utility service by dividing the reasonable estimated yearly cost by 12. If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on line (7).

Monthly Cost	Unit That You Moved From (For Homeowner-Occupant, rent will be determined by the agency.)		Unit That You Moved To (Do not complete if claim is for down payment assistance.)		Comparable Replacement Dwelling
	(a) Claimant	(b) For Applicant Use Only	(c) Claimant	(d) For Applicant Use Only	(e) To Be Provided By Applicant
(1) Rent (The monthly rental amount due under the terms and conditions of occupancy. If utilities are not included in rent, list in item 7(2) to (5))	\$	\$	\$	\$	\$
(2)					
(3)					
(4)					
(5)					
(6) Gross Monthly Rent and Utility Costs (add item 7(1) through (5))	\$	\$	\$	\$	\$
(7) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$
(8) Net Monthly Rent and Utility Costs (subtract item 7(7) from item 7(6)) (Enter these amounts on the appropriate lines in Item 8.)	\$	\$	\$	\$	\$

7. <b>Computation of Payment:</b> If you are filing for down payment assistance, check this box <input type="checkbox"/> and skip item 8(1).			To Be Completed By Claimant (a)	For Applicant Use Only (b)
(1) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (From item 7(8), Column (c))			\$	\$
(2) Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (From item 7(8), Column (e)) (To be provided by the Agency)				
(3) Lesser of item 8(1) or (2) (If claim is for down payment assistance, enter amount from item 8(2))				
(4) Monthly Rent and Average Monthly Utility Costs for Unit That You Moved From (From item 7(8), Column (a))				
(5) 30% of Average Gross Monthly Household Income (From item 6(6), Column (a)). If item 6(6) is "NA", enter "NA" here.				
(6) Lesser of item 8(4) or 8(5)				
(7) Monthly Need (Subtract item 8(6) from item 8(3))				
(8) Amount of Payment Claim (Amount on item 8(7) multiplied by 42)			\$	\$
(9) Amount Previously Received (if any)				
(10) Amount Requested (Subtract item 8(9) from 8(8))			\$	\$

8. **Certification By Claimant(s):** I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) & Date

X

