

租賃或購買住宅資助申請

**Claim for Rental or Purchase Assistance**

根據1974年《住宅與社區發展法案》增補版第 104(d) 節提出

Under Section 104(d) of Housing and Community Development Act of 1974, as amended

美國住宅與城市開發部  
U.S. Department of Housing and Urban Development

社區規劃與發展辦公室  
Office of Community Planning and Development

OMB 批准號碼：2506-0016

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(exp. 07/31/2008)

**僅限機構填寫 ~ For Agency Use Only**

機構名稱 ~ Name of Agency	項目名稱或號碼 ~ Project Name or Number	個案名稱 ~ Case Number
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搜集本資訊的公眾報告時間估計每次回答平均為 1.0 小時，其中包括搜集、審查和報告資料的時間。資訊係根據 1974 年《住宅與社區發展法案》增補版第 104(d) 節和 24 CFR Part 42 實施條例的授權搜集，將被用於確定您是否有資格領取幫助您租賃或購買新住宅的付款以及任何付款數額。必須提供要求的資訊才能領取計算出的福利。除非顯示當前有效的 OMB 管理號碼，否則本機構不得搜集本資訊，您亦無需填寫本表。

**Public reporting burden** for this collection of information is estimated to average 1.0 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of Section 104(d) of the Housing and Community Development Act of 1974, as amended, and implementing regulations at 24 CFR Part 42 and will be used for determining whether you are eligible to receive a payment to help you rent or buy a new home and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**隱私權法通知：**搜集本資訊是為了確定您是否有資格領取幫助您租房或購買新住宅的付款。本機構將幫助您填寫本表。如果未批准您申請的全部數額，本機構將向您提供書面理由解釋。如果您對本機構的決定感到不滿，您可以提出上訴。本機構將解釋如何提出上訴。法律並未要求您提供此類資訊，但如果您不提供此類資訊，您可能無法領取此類開支的任何付款，或者可能需要更長時間才能領取付款。本資訊係根據 1974 年《住宅與社區發展法案》增補版第 104(d) 節的授權搜集。可能會向聯邦機構提供本資訊，供聯邦機構審查。

**Privacy Act Notice:** This information is needed to determine whether you are eligible to receive a payment to help you rent or buy a new home. The Agency will help you complete this form. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of Section 104(d) of the Housing and Community Development Act of 1974, as amended. The information may be made available to a Federal agency for review.

1. 您的姓名 (您是申請人) Your Name(s) (You are the Claimant(s))	1a. 您的當前郵寄地址 Your Present Mailing Address(es)	1b. 您的電話號碼 Your Telephone Number(s)
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2a. 是否所有的家人均已搬入相同的住宅？  是  否 (如果回答「否」，請在「附註」一欄中列出所有的家庭成員及其搬入的地址。)

2b. 您是否 (或是否將) 在您搬入的住宅領取聯邦、州或地方住宅計劃補貼？  是  否

2a. Have all members of the household moved to the same dwelling?  Yes  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 unit you moved to?  Yes  No

住宅 ~ Dwelling	地址 ~ Address	您是何時租賃/購買該單元的？ When Did You Rent/Buy This Unit?	您是何時搬入該單元的？ When Did You Move To This Unit?	您是何時搬出該單元的？ When Did You Move Out of This Unit?
3. 您搬出的單元 Unit That You Moved From				
4. 您搬入的單元 Unit That You Moved To				

5. 付款計算：在填寫本節之前，填寫本表最後一頁的第 13 項和第 14 項。

如果您在申請購買住宅資助，請勾選本方框 ，並跳至第 (1) 行。

**Computation of Payment:** Complete Items 13 and 14 on the last page of this form before completing this section

If you are filing for purchase assistance, check this box  and skip line (1).

項目 ~ Item	由申請人填寫 To Be Completed By Claimant	僅限機構填寫 For Agency Use Only
(1) 您搬入單元的月租和估計平均每月公用事業費 (填寫第 13 項第 (8) 行第 (a) 欄的數額) Monthly Rent and Estimated Average Monthly Utility Costs for Unit That You Moved To (from Item 13, line (8), column (a))	\$	\$
(2) 類似替代住宅的月租和估計平均每月公用事業費 (填寫機構提供的第 13 項第 (8) 行第 (c) 欄的數額) Monthly Rent and Estimated Average Monthly Utility Costs for Comparable Replacement Dwelling (from Item 13, line (8), column (c)) (to be provided by Agency)		
(3) 第 (1) 行或第 (2) 行中較小的數額 (如果是申請購買住宅資助，請填寫第 (2) 行的數額) Lesser of line (1) or (2) (If claim is for purchase assistance enter amount from line (2))		
(4) 承租人總付款 (填寫第 14 項第 (8) 行的數額或公共住宅管理局 (PHA) 計算的數額) Total Tenant Payment (from Item 14, line (8) or as computed by PHA)		
(5) 每月需求 (從第 (3) 行減去第 (4) 行) Monthly Need (Subtract line (4) from line (3))		
(6) 付款額 (承租人將第 (5) 行的數額乘以 60；機構將確定購買住宅資助額) Amount of Payment (Renters multiply amount on line (5) by 60; Agency will determine purchase assistance amount)		
(7) 保證金數額 Cost of Security Deposit		

以前的版本已廢棄

Previous editions are obsolete

本文係美國住宅與城市開發部 (HUD) 發佈的法律文件譯文。HUD 向您提供本譯文僅為了便於協助您理解您的權利和責任。本文的英文版本為正式、合法和佔主導地位的文件。本譯文並非正式文件。

This document is a translation of a HUD-issued legal document. HUD provides this translation to you merely as a convenience to assist in your understanding of your rights and obligations. The English language version of this document is the official, legal, and controlling document. This translated document is not an official document.

**5. 付款計算：**在填寫本節之前，填寫本表最後一頁的第 13 項和第 14 項。

如果您在申請購買住宅資助，請勾選本方框 ，並跳至第 (1) 行。

**Computation of Payment:** Complete Items 13 and 14 on the last page of this form before completing this section

If you are filing for purchase assistance, check this box  and skip line (1).

項目 ~ Item	由申請人填寫 To Be Completed By Claimant	僅限機構填寫 For Agency Use Only
(8) 信用核查費 Cost of Credit Check		
(9) 申請數額 (將第 (6) 行、第 (7) 行和第 (8) 行的數額相加) Amount of Claim (Add lines (6), (7) and (8))	\$	\$
(10) 以前領取的數額 (如有) Amount Previously Received, if any		
(11) 申請的數額 (從第 (9) 行減去第 (10) 行的數額) Amount Requested (Subtract line (10) from line (9))	\$	\$

**6. 認證：**我確認本申請表和證明文件中的資訊真實完整，沒有任何其他來源向我支付此類費用。

**Certification:** 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.

申請人簽名和日期 ~ Signature(s) of Claimant(s) & Date

X

**警告：**HUD 將對虛假的申請和陳述提出訴訟。定罪將導致刑事和/或民事處罰。(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**由機構填寫 ~ To Be Completed by the Agency**

7. 搬遷資助資格生效日期 (月/日/年) Effective date of eligibility for relocation assistance		8. 推薦類似替代住宅的日期 Date of referral to comparable replacement dwelling		9. 對替代住宅進行檢查並確認住宅適當、安全和衛生的日期 (月/日/年) Date replacement dwelling inspected and found decent, safe and sanitary	
10. 將用以下方式付款： Payment To Be Made In:					
<input type="checkbox"/> 一次性付款 (僅限預付定金資助) Lump Sum		<input type="checkbox"/> 按月攤付 Monthly Installments		<input type="checkbox"/> 其他分期付款方法 (在「附註」一欄中具體說明) Other Installments	
(only for down payment assistance) (specify in the Remarks Section)					
付款行動 Payment Action	付款數額 Amount of Payment	簽名 Signature	姓名 (打字或用大寫字母填寫) Name (Type or Print)	日期 Date	
11. 建議數額 Recommended	\$				
12. 批准數額 Approved	\$				

**13. 租金和每月平均公用事業費確定 (請參閱 49 CFR 24.402(b))**

**說明：**如需計算付款額，第 (8) 行中填寫的內容必須反映所有的公用事業服務。因此，請在第 (2) 行至第 (5) 行中填寫提供暖氣、熱水、烹調、照明以及水和下水道服務所需的每一種公用事業費。如果公用事業服務費未包括在月租中，請說明估計的每月自付費用。如果公用事業服務費包括在月租中，請填寫「IMR」(包括在月租中)。請用合理的估計年費除以 12，計算估計公用事業服務平均月費。如果您在住宅協助計劃 (HAP) 領取 (或將要領取) 每月住宅補助，則在第 (7) 行第 (a) 欄填寫相關數額。

**Determination of Rent and Average Monthly Utility Costs (See 49 CFR 24.402(b))**

**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 heat, hot water, cooking, lighting, and 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 you receive (or will receive) a monthly housing subsidy at (HAP), enter the applicable amount on line (7), column (a).

項目 ~ Item	每月平均費用 Average Monthly Cost		
	您搬入的單元 (如果是申請購買住宅資助，請勿填寫) Unit That You Moved To (Do not complete if claim is for purchase assistance)		同類替代住宅 Comparable Replacement Dwelling
	(a) 申請人 ~ Claimant	(b) 僅限機構填寫 For Agency Use Only	(c) 由機構提供 To Be Provided By Agency
(1) 租金 (根據居住條款與條件支付的數額。可能包括 (亦可能不包括) 任何公用事業費) Rent (The amount paid under the terms and conditions of occupancy. It may or may not cover any utilities.)	\$	\$	\$
(2)			
(3)			
(4)			
(5)			

項目 ~ Item	每月平均費用 Average Monthly Cost		
	您搬入的單元 (如果是申請購買住宅資助, 請勿填寫) Unit That You Moved To (Do not complete if claim is for purchase assistance)		同類替代住宅 Comparable Replacement Dwelling
	(a) 申請人 ~ Claimant	(b) 僅限機構填寫 For Agency Use Only	(c) 由機構提供 To Be Provided By Agency
(6) 毛房租和公用事業費 (將第 (1) 行至第 (5) 行相加) Gross Monthly Rent and Utility Costs (add lines (1) through (5))			
(7) 每月住房補貼 (如適用) (例如, 住宅協助計劃 (HAP) Section 8) Monthly Housing Subsidy, if applicable (e.g., Section 8 HAP)	\$	\$	\$
(8) 每月租金和公用事業費淨費用 (從第 (6) 行中減去第 7 行) Net Monthly Rent and Utility Costs (subtract line 7 from line (6))	\$	\$	\$

14. 承租人總付款確定 (請參閱 24 CFR 5.628) 如果 PHA 計算總承租人付款, 則需要填寫本節。  
Determination of Total Tenant Payment (See 24 CFR 5.628) If PHA computes Total Tenant Payment, this section need not be completed.

項目 ~ Item	家庭收入 ~ Household Income	
	(a) 由申請人填寫 To Be Completed By Claimant	(b) 僅限機構填寫 For Agency Use Only
(1) 家庭年度毛收入, 包括來自家庭淨資產的收入。填寫每一位家庭成員的姓名和收入。(請參閱 24 CFR 5.609) Annual Gross Income of Household. Include income from net family assets. Enter name of each household member with income. (see 24 CFR 5.609.)		\$
(2) 年度總毛收入 (將第 (1) 行中填寫的數額相加) Total Gross Annual Income (add entries in line (1))		\$
(3) 收入調整 (請參閱 24 CFR 5.611) Adjustment to Income (see 24 CFR 5.611)		
(a) 受撫養人扣減額 (\$480 X 受撫養人人數) Dependent deduction (\$480 X number of dependents)		
(b) 年長者家庭扣減額 (如果家主或配偶年滿 62 歲或是殘障人士, 填寫 \$400) Elderly household deduction (Enter \$400, if head of household or spouse is 62 years or older or handicapped or disabled)		
(c) 許可的幼兒看護費 (12 歲及以下兒童看護費, 以便一名家庭成員能夠工作或進一步接受教育) Allowable child care expenses (expenses for children 12 and under that enable a family member to work or further education)		
(d) 非年長者家庭許可的殘障人士協助費用 (以便殘障人士或另一名家庭成員能夠工作) Allowable handicapped assistance expenses for nonelderly family (that enable handicapped or disabled person to work or another household member to work)		
(e) 年長者家庭許可的殘障人士協助費用和醫療費用 (如果家主或配偶年滿 62 歲或是殘障人士) Allowable handicapped assistance expenses and medical expenses for elderly family (if head of household or spouse is 62 years or older or handicapped or disabled)		
(f) 收入總調整數額 (將第 (3)(a) 行至第 (3)(e) 行的數額相加) Total adjustments to income (Add lines (3)(a) through (3)(e))		
(4) 從第 (2) 行減去第 (3)(f) 行 (此為年度調整後收入) Subtract line (3)(f) from line (2) (This is annual adjusted income)		
(5) 將第 (4) 行除以 12 (此為每月調整後收入) Divide line (4) by 12 (This is monthly adjusted income)		
(6) 第 (5) 行的 30 % 30 % of line (5)		
(7) 每月毛收入的 10 % (將第 (2) 行除以 120) 10 % of gross monthly income (Divide line (2) by 120)		
(8) 第 (6) 行或第 (7) 行中較大的數字 (在第 5 項第 (4) 行填寫) <sup>[1]</sup> Greater of line (6) or (7) (Enter in Item 5, line (4)) <sup>[1]</sup>	\$	\$

附註 ~ Remarks

[1] 如果申請人領取州或社區的公共福利資助, 且該資助將此類資助的一部分指定為住房補貼, 並按照實際住宅費用調整該數額, 請在第 5 項第 (4) 行填寫指定的數額 (該數額須大於第 14 項第 (8) 行中的數額)。

If the claimant receives public welfare assistance in a State or community that designates a specific portion of such assistance as a shelter allowance and adjusts that amount according to actual housing costs, enter the designated amount in Item 5, line (4), if it is greater than the amount in Item 14, line(8).