

臨時搬遷費申請 (居民搬遷)  
**Claim for Temporary Relocation Expenses (Residential Moves)**  
 (附錄 A, 49 CFR 24.2(a)(9)(ii)(D))

(Appendix A, 49 CFR 24.2(a)(9)(ii)(D))  
 填寫本表之前, 請參閱第 5 頁中的公共報告時間和隱私權法聲明

See page 5 for Public Reporting Burden and Privacy Act Statements before completing this form

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  
 OMB Approval No. 2506-0016

(失效期: 2011 年 10 月 31 日)  
 (exp. 10/31/2011)

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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說明: 本申請表供家庭和個人申請臨時搬遷費補償。本機構將幫助您填寫本表。如果沒有全額批准您的申請, 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, 您可以對該決定提出上訴。本機構將解釋如何提出上訴。美國住宅與城市開發部在以下網站提供有關此類規定和其他指導資料的資訊: [www.hud.gov/relocation](http://www.hud.gov/relocation)。

**Instructions:** This claim form is for the use of families and individuals applying for reimbursement of temporary relocation expenses. The Agency will assist you in completing the 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. The Department of Housing and Urban Development provides information on these requirements and other guidance materials on its website at [www.hud.gov/relocation](http://www.hud.gov/relocation).

1a. 您的姓名 (您是申請人) 和當前郵寄地址 ~ Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1b. 電話號碼 ~ Telephone Number(s)
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2a. 是否所有的家人均已搬入相同的住宅? Have all members of the household moved to the same dwelling? <input type="checkbox"/> 是 <input type="checkbox"/> 否 <input type="checkbox"/> Yes <input type="checkbox"/> No (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。) (If "No", list the names of all members and the addresses to which they moved in the Remarks Section.)	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? <input type="checkbox"/> 是 <input type="checkbox"/> 否 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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住宅 ~ Dwelling	地址 ~ Address	您是何時租賃/購買該單元的? When Did You Rent 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. 您重新搬回的單元 Unit That you Returned To				

6. 美國合法居住認證 (請在填寫本欄之前閱讀以下說明。)  
 說明: 如需符合1970年《統一搬遷資助和不動產獲取政策法案》授權的搬遷諮詢服務或搬遷付款資格, 您必須是美國公民、國民或在美國合法居留的外國人。必須完成以下認證才能享受任何搬遷福利。(本認證可能對提供搬遷福利的相關州法沒有任何作用。) 您在本申請中的簽名則構成認證。請參閱49 CFR 24.208(g) & (h) 中的困難例外情況。

**CERTIFICATION OF LEGAL RESIDENCY IN THE UNITED STATES** (Please read instructions below before completing this section.)

**Instructions:** To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, you must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any relocation benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) Your signature on this claim form constitutes certification. See 49 CFR 24.208(g) & (h) for hardship exceptions.

請僅填寫適合您的居住狀況的類別 (個人或家庭)。在第 (2) 行中, 請填寫正確的人數。  
 Please address only the category (Individual or family) that describes your occupancy status. For Line (2), please fill in the correct number of persons.

居民家庭 (1) 個人 我證明我是: (勾選一項) <input type="checkbox"/> 美國公民或國民 <input type="checkbox"/> 在美國合法居留的外國人 <b>RESIDENTIAL HOUSEHOLDS</b> Individual. I certify that I am: (check one) <input type="checkbox"/> a citizen or national of the United States <input type="checkbox"/> an alien lawfully present in the United States	(2) 家庭 我證明我的家中有 _____ 人, 其中 _____ 人是美國公民或國民, _____ 人是在美國合法居留的外國人。 Family. I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.
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7. 搬遷費確定 - 搬遷至臨時單元 說明: 您可能符合資格獲得實際和合理的搬遷費以及與您搬遷到臨時住宅單元相關的費用補償。以下計算表幫助您計算付款數額。 <b>DETERMINATION OF MOVING EXPENSES - MOVE TO TEMPORARY UNIT</b> <b>Instructions:</b> You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a temporary housing unit. The computation table below provides you with the ability to compute your payment.
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搬入臨時單元 ~ Move to Temporary Unit	(1) 商業性搬遷 (實際費用) Commercial Move (Actual Costs)		(2) 自己搬遷 (實際費用) (不得超過商業性搬遷公司支付的費用) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)	
	申請人 Claimant	機構填寫 Agency Use	申請人 Claimant	機構填寫 Agency Use
(a) 搬遷費開支 (49 CFR 24.301(g)(1-7)) ; 請參閱第 5 頁 (請勿包括儲存費, 該項費用已在下方單獨列出。) Moving Cost Expenses (49 CFR 24.301(g)(1-7)); see page 5 (Do not include storage costs listed separately below.)	\$	\$	\$	\$
(b) 儲存費 (不得超過 12 個月) ~ Storage cost (not to exceed 12 months)	\$	\$	\$	\$
(c) 電話重接費 ~ Telephone re-connection	\$	\$	\$	\$
(d) 有線電視/互聯網重接費 ~ Cable/Internet re-connection	\$	\$	\$	\$
(e) 其他 (請在「附註」一欄中解釋) ~ Other (Explain in Remarks Section)	\$	\$	\$	\$
(f) 總計 (第 7(a) – 7(e) 行) ~ Total (Lines 7(a) – 7(e))	\$	\$	\$	\$
(g) 以前領取的數額 (如有) ~ Amount Previously Received, if any	\$	\$	\$	\$
(h) 申請的數額 (從第 7(f) 行減去第 7(g) 行) Amount Requested (Subtract Line 7(g) from Line 7(f))	\$	\$	\$	\$
(i) 機構批准的總額 (搬遷至臨時單元) Total Amount Approved by Agency (for move to temporary unit)		\$		\$

**由機構填寫 ~ TO BE COMPLETED BY AGENCY**

**搬遷至臨時住宅單元總結 ~ SUMMARY FOR MOVE TO TEMPORARY HOUSING UNIT**

行號 Line Number	申請數額: Amount Claimed:	建議數額: Amount Recommended:	付款日期: Date Paid:	收款人: Payable To:
(j) 第 7(i) 行, 第 (1) 欄 Line 7(i), Column (1)	\$	\$		
(k) 第 7(i) 行, 第 (2) 欄 Line 7(i), Column (2)	\$	\$		
(l) 總計: ~ Total:	\$	\$		
付款行動 Payment Action	付款數額 Amount of Payment	簽名 Signature	姓名 (打字或大寫字母填寫) Name (Type or Print)	日期 (月/日/年) Date (mm/dd/yyyy)
(m) 建議數額 RECOMMENDED	\$			
(n) 批准數額 APPROVED	\$			

附註 (如有必要, 請附加紙頁) ~ Remarks (Attach additional sheets, if necessary)

**8. 搬遷費確定 — 搬遷至永久性單元**

說明: 您可能有資格獲得實際和合理的搬遷費以及與您搬遷到永久性住宅單元相關的費用補償。以下計算表幫助您計算付款數額。

**DETERMINATION OF MOVING EXPENSES – MOVE TO PERMANENT UNIT**

Instructions: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a permanent housing unit.

The computation table below provides you with the ability to compute your payment.

搬遷至永久性單元 Move to Permanent Unit	(1) 商業性搬遷 (實際費用) Commercial Move (Actual Costs)		(2) 自己搬遷 (實際費用) (不得超過商業性搬遷公司支付的費用) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)	
	申請人 Claimant	機構填寫 Agency Use	申請人 Claimant	機構填寫 Agency Use
(a) 搬遷費開支 (49 CFR 24.301(g)(1-7)) ; 請參閱第 5 頁 Moving Cost Expenses (49 CFR 24.301(g)(1-7)); see page 5	\$	\$	\$	\$
(b) 電話重接 ~ Telephone re-connection	\$	\$	\$	\$
(c) 有線電視/互聯網重接 ~ Cable/Internet re-connection	\$	\$	\$	\$
(d) 其他 (請在「附註」一欄中解釋) ~ Other (Explain in Remarks Section)	\$	\$	\$	\$
(e) 總計 (第 8(a) – 8(d) 行) ~ Total (Lines 8(a) – 8(d))	\$	\$	\$	\$
(f) 以前領取的數額 (如有) ~ Amount Previously Received, if any	\$	\$	\$	\$
(g) 申請的數額 (從第 8(e) 行減去第 8(f) 行) Amount Requested (Subtract Line 8(f) from Line 8(e))		\$		\$
(h) 機構批准的總額 (搬遷至永久性單元) Total Amount Approved by Agency (for move to permanent unit)		\$		\$

由機構填寫 - TO BE COMPLETED BY AGENCY

搬遷至臨時住宅單元總結 - SUMMARY FOR MOVE TO TEMPORARY HOUSING UNIT

行號 Line Number	申請數額： Amount Claimed:	建議數額： Amount Recommended:	付款日期： Date Paid:	收款人： Payable To:
(i) 第 8(h) 行，第 (1) 欄 Line 8(h), Column (1)	\$	\$		
(j) 第 8(h) 行，第 (2) 欄 Line 8(h), Column (2)	\$	\$		
(k) 總計：~ Total:	\$	\$		
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 (月/日/年) Date (mm/dd/yyyy)
(l) 建議數額 RECOMMENDED	\$			
(m) 批准數額 APPROVED	\$			

附註 (如有必要，請附加紙頁) ~ Remarks (Attach additional sheets, if necessary)

9. 臨時搬遷每月自付費用  
 本表中所列的費用涵蓋從 \_\_\_\_\_ 開始至 \_\_\_\_\_ 結束的階段 總計月份： \_\_\_\_\_  
 (月/日) (年) (月/日) (年)  
**MONTHLY OUT-OF-POCKET COSTS FOR TEMPORARY RELOCATION**  
 Costs listed on this form are for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ TOTAL # OF MONTHS: \_\_\_\_\_  
 (Month/Day) (Year) (Month/Day) (Year)

確定租金和每月平均公用事業費

說明：如需計算付款額，第 9(i) 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 9(b) 行至第 9(f) 行中填寫提供電力、煤氣、其他取暖/烹調燃料、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包括在月租中，請填寫「IMR」(包括在月租中)。如果已經接受每月住宅計劃補助(例如 Housing Choice Voucher/Section 8 或其他補助計劃)，則請在第 9(h) 行填寫相關數額。

**DETERMINATION OF RENT AND AVERAGE MONTHLY UTILITY COSTS**

Instructions: To compute the payment, entries on Line 9(i) must reflect all utility services. Therefore, identify on Lines 9(b) through 9(f) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on Line 9(h).

每月臨時搬遷費

(對於時間延續超過一個月的臨時搬遷，請為臨時搬遷每一個附加的月份填寫一份本「附加表」或者在第 9(p) 行填寫申請的總額，並在「附註」一欄中解釋。

**Monthly Temporary Relocation Cost**

(For temporary relocation that lasts more than one month, complete this Continuation Form for each additional month of temporary relocation or enter total claimed on Line 9(p) and explain under "Remarks.")

	您搬出的單元 Unit You Moved From		您搬入的單元 Unit You Moved To		每月增加的費用 Increase In Monthly Cost	批准數額 Amount Approved
	(1) 申請人 Claimant	(2) 僅限機構填寫 For Agency Use Only	(3) 申請人 Claimant	(4) 僅限機構填寫 For Agency Use Only		
(a) 租金 (居住條款與條件規定的應繳納的月租) 請勾選適當的方框： <input type="checkbox"/> 所有的公用事業費均已包括 <input type="checkbox"/> 不包括公用事業費 (在以下第 9(b) - 9(f) 行列出) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: <input type="checkbox"/> All utilities included <input type="checkbox"/> Utilities not included (list on Line 9(b) to 9(f) below)	\$	\$	\$	\$	\$	\$
(b) 電費 ~ Electricity	\$	\$	\$	\$	\$	\$
(c) 煤氣費 ~ Gas	\$	\$	\$	\$	\$	\$
(d) 水/下水道費 ~ Water/sewer	\$	\$	\$	\$	\$	\$
(e) 衛生設施費 ~ Sanitation	\$	\$	\$	\$	\$	\$
(f) 其他 ~ Other	\$	\$	\$	\$	\$	\$
(g) 毛月租和公用事業費 (將第 9(a) - 9(f) 行相加) Gross Monthly Rent and Utility Costs (add lines 9(a) through 9(f))	\$	\$	\$	\$	\$	\$
(h) 每月住房補貼 (如適用) (例如，Housing Choice Voucher/Section 8 或其他補貼計劃) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$	\$
(i) _____ 月份每月租金和公用事業費淨值 (從以上第 9(g) 行減去第 9(h) 行) Net Monthly Rent and Utility Costs for Month of _____ (subtract Line 9(h) from Line 9(g) above)	\$	\$	\$	\$	\$	\$

<b>其他合理的自付費用</b>			
說明：您可能有資格申請獲得與您的臨時搬遷相關、機構批准的其他合理自付費用補償。			
<b>OTHER REASONABLE OUT-OF-POCKET EXPENSES</b>			
<i>Instructions: You may be eligible for other reasonable out-of-pocket expenses as approved by the agency in connection with your temporary move.</i>			
以下月份的每月費用： _____		(1) 申請人 Claimant	(2) 機構填寫 Agency Use
Monthly Cost For Month of: _____			
(Month) _____ (Year) _____			
(j) 無烹調設施單元的伙食補貼： \$ _____ 每個成人 x _____ 該月份的天數 \$ _____ 每個12歲以下的兒童 x _____ 該月份的天數			
Per Diem for unit without cooking facilities: \$ _____ per adult x _____ days in this month period \$ _____ per child under age 12 x _____ days in this month period		\$	\$
其他（例如，增加的交通費、寵物寄養費、停車費）分項列出 Other (e.g., increased transportation costs, boarding for pets, parking). Itemize			
(k) _____		\$	\$
(l) _____		\$	\$
(m) _____		\$	\$
(n) 總計（將第 9(j) - 9(m) 行相加） ~ Total (add lines 9(j) through 9(m))		\$	\$
<b>由機構填寫 ~ TO BE COMPLETED BY AGENCY</b>			
<b>臨時搬遷每月自付費用總結</b>			
<b>SUMMARY OF MONTHLY OUT-OF-POCKET COSTS FOR TEMPORARY RELOCATION</b>			
行號： <b>Line Number:</b>	申請數額： <b>Amount Claimed:</b>	建議數額： <b>Amount Recommended:</b>	
(o) 將第 9(i) 行第 6 欄和第 9(n) 行第 2 欄相加 Add Lines 9(i) Column 6 and Line 9(n) Column 2	\$	\$	
(p) 將第 9(o) 行乘以臨時搬遷月數（月數： _____）或填寫所有「附加表」第 10(i) 行第 6 欄和第 10(n) 行的總額 Multiply Line 9(o) by number of months of temporary relocation (# of months: _____) or enter total amount from all Continuation Sheets, Lines 10(i) Column 6 and 10(n)	\$	\$	
付款行動 <b>Payment Action</b>	付款數額 <b>Amount of Payment</b>	簽名 <b>Signature</b>	姓名（打字或用大寫字母填寫） <b>Name (Type or Print)</b>
(r) 建議數額 <b>Recommended</b>	\$		日期（月/日/年） <b>Date (mm/dd/yyyy)</b>
(s) 批准數額 <b>Approved</b>	\$		
附註（如有必要，請附加紙頁） ~ <b>Remarks (Attach Additional Sheets, if necessary)</b>			

申請人認證：我確認本申請和證明資訊真實完整，沒有任何其他來源向我支付此類費用。我要求將第 7(n) 行、第 8(m) 行和第 9(r) 行中的數額支付給：

我  承包商（在「附註」欄中具體說明）

申請人簽名：\_\_\_\_\_

日期：\_\_\_\_\_

**CERTIFICATION BY CLAIMANT(S):** I certify that this claim and supporting information are true and complete and that I have not been paid for these expenses by any other source. I ask that the amounts on Line 7(n), Line 8(m) and Line 9(r), be paid to:  me  the contractor(s) (as specified in the Remarks Section).

Signature(s) of Claimant(s): \_\_\_\_\_

Date: \_\_\_\_\_

**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)

### 合格的實際居民搬遷費（49 CFR 24.301(g)(1-7)）

#### Eligible Actual Residential Moving Expenses (49 CFR 24.301(g)(1-7))

- 1) 被要求搬遷的人和個人財產運輸。超過 50 英里的運輸費屬於不合格費用，除非本機構確定有正當的理由需要搬遷到超過 50 英里的地點。  
*Transportation of the displaced person and personal property. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified.*
- 2) 個人財產包裝、裝箱、拆包和拆箱。  
*Packing, crating, unpacking and uncrating of the personal property.*
- 3) 斷開、拆除、取下、重新組裝和重新安裝搬遷的家用電器和其他個人財產。  
*Disconnecting, dismantling, removing, reassembling and reinstalling relocated household appliances and other personal property.*
- 4) 個人財產儲存不超過 12 個月，除非本機構確定有必要儲存更長時間。  
*Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.*
- 5) 與搬遷和必要的儲存相關的財產取代價值保險。  
*Insurance for the replacement value of the property in connection with the move and necessary storage.*
- 6) 在搬遷過程中丟失、被竊和損壞的財產取代價值（並非由於被要求搬遷的人、其代理人或雇員的過失或疏忽所致），且無法對此類丟失、被竊或損壞提供合理的保險。  
*The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft, or damage is not reasonably available.*
- 7) 本機構認為合理和必要的、第 24.301(h) 款中未列為不合格的其他與搬遷相關的開支。  
*Other moving-related expenses that are not listed as ineligible under §24.301(h), as the Agency determines to be reasonable and necessary*

搜集本資訊的公眾報告時間估計每次回答平均為 30 分鐘，其中包括搜集、審查和報告資料的時間。資訊係根據 1987 年《住宅與社區開發法案》（42 U.S.C. 3543）、1937 年《美國住宅法案》增補版（42 U.S.C. 1437 及後續條款）和 1981 年《住宅與社區開發法案》（P.L. 97-35, 85 stat., 34, 408）授權搜集，將被用於確定您是否有資格領取臨時搬遷費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 30 minutes per response. This includes the time for collecting, reviewing and reporting the data. The information is being collected under the authority of the Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 34, 408 to determine if you are eligible to receive a payment for temporary moving expenses 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 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臨時搬遷費付款。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費用的付款，或者可能需要更長時間才能領取付款。本資訊係根據 1987 年《住宅與社區開發法案》（42 U.S.C. 3543）、1937 年《美國住宅法案》增補版（42 U.S.C. 1437 及後續條款）和 1981 年《住宅與社區開發法案》（P.L. 97-35, 85 stat., 34, 408）授權搜集。

**Privacy Act Notice:** This information is needed to determine whether you are eligible to receive a payment for temporary moving expenses. 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 the Housing and Community Development Act of 1987, 42 U.S.C. 3543, the U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 34, 408.

**【附加表】**

**[CONTINUATION SHEET]**

**臨時搬遷費申請 (居民搬遷)**

**Claim for Temporary Relocation Expenses  
(Residential Moves)**

(附錄 A, 49 CFR 24.2(a)(9)(ii)(D))

(Appendix A, 49 CFR 24.2(a)(9)(ii)(D))

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

10. 用於臨時搬遷每增加一個月的附加表  
 本表中所列的費用涵蓋從 \_\_\_\_\_ 開始至 \_\_\_\_\_ 結束的階段 總計月份: \_\_\_\_\_  
 \_\_\_\_\_ (月/日) (年) \_\_\_\_\_ (月/日) (年)  
**CONTINUATION SHEET FOR EACH ADDITIONAL MONTH OF TEMPORARY RELOCATION**  
 Costs listed on this form are for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ TOTAL # OF MONTHS: \_\_\_\_\_  
 \_\_\_\_\_ (Month/Day) (Year) \_\_\_\_\_ (Month/Day) (Year)

**確定租金和每月平均公用事業費**

說明：如需計算付款額，第 10(i) 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 10(b) 行至第 10(f) 行中填寫提供電力、煤氣、其他取暖/烹調燃料、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包括在月租中，請填寫「IMR」（包括在月租中）。如果已經接受每月住宅計劃補助（例如 Housing Choice Voucher/Section 8 或其他補助計劃），則請在第 10(h) 行填寫相關數額。

**DETERMINATION OF RENT AND AVERAGE MONTHLY UTILITY COSTS**

Instructions: To compute the payment, entries on Line 10(i) must reflect all utility services. Therefore, identify on Lines 10(b) through 10(f) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on Line 10(h).

**每月臨時搬遷費**

對於時間延續超過一個月的臨時搬遷，請為臨時搬遷每一個附加的月份填寫一份本「附加表」。

**Monthly Temporary Relocation Cost**

(For temporary relocation that lasts more than one month, complete this Continuation Form for each additional month of temporary relocation.)

	您搬出的單元 Unit You Moved From		您搬入的單元 Unit You Moved To		每月增加的費用 Increase In Monthly Cost	批准數額 Amount Approved
	(2) 僅限機構填寫 For Agency Use Only	(3) 申請人 Claimant	(4) 僅限機構填寫 For Agency Use Only	(5) 僅限機構填寫 For Agency Use Only	(2) 僅限機構填寫 For Agency Use Only	(6) 由機構提供
(a) 租金 (居住條款與條件規定的應繳納的月租) 請勾選適當的方格： <input type="checkbox"/> 所有的公用事業費均已包括 <input type="checkbox"/> 不包括公用事業費 (在以下第 10(b) - 10(f) 行列出) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: <input type="checkbox"/> All utilities included <input type="checkbox"/> Utilities not included (list on Line 10(b) to 10(f) below)	\$	\$	\$	\$	\$	\$
(b) 電費 ~ Electricity	\$	\$	\$	\$	\$	\$
(c) 煤氣費 ~ Gas	\$	\$	\$	\$	\$	\$
(d) 水/下水道費 ~ Water/sewer	\$	\$	\$	\$	\$	\$
(e) 衛生設施費 ~ Sanitation	\$	\$	\$	\$	\$	\$
(f) 其他 ~ Other	\$	\$	\$	\$	\$	\$
(g) 毛月租和公用事業費 (將第 10(a) - 10(f) 行相加) Gross Monthly Rent and Utility Costs (add lines 10(a) through 10(f))	\$	\$	\$	\$	\$	\$
(h) 每月住房補貼 (如適用) (例如, Housing Choice Voucher/Section 8 或其他補貼計劃) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$	\$
(i) _____ 月份每月租金和公用事業費淨值 (從以上第 10(g) 行減去第 10(h) 行) Net Monthly Rent and Utility Costs for Month of _____ (subtract Line 10(h) from Line 10(g) above)	\$	\$	\$	\$	\$	\$

<b>其他合理的自付費用</b>		
說明：您可能有資格申請獲得與您的臨時搬遷相關、機構批准的其他合理自付費用補償。		
<b>OTHER REASONABLE OUT-OF-POCKET EXPENSES</b>		
Instructions: You may be eligible for other reasonable out-of-pocket expenses as approved by the agency in connection with your temporary move.		
以下月份的每月費用：	(1) 申請人 Claimant	(2) 機構填寫 Agency Use
(月) (年)		
Monthly Cost For Month of:		
(Month) (Year)		
(j) 無烹調設施單元的伙食補貼：		
\$_____ 每個成人 x _____ 該月份的天數		
\$_____ 每個 12 歲以下的兒童 x _____ 該月份的天數		
Per Diem for unit without cooking facilities:		
\$_____ per adult x _____ days in this month period		
\$_____ per child under age 12 x _____ days in this month period	\$	\$
其他（例如，增加的交通費、寵物寄養費、停車費）分項列出 Other (e.g., increased transportation costs, boarding for pets, parking). Itemize		
(k)	\$	\$
(l)	\$	\$
(m)	\$	\$
(n) 總計（將第 10(j) - 10(m) 行相加）~ Total (add lines 10(j) through 10(m))	\$	\$