

租金資助或預付定金資助申請

Claim for Rental Assistance or Down Payment Assistance (49 CFR 24.402 and 24.401(f))

填寫本表之前，請參閱第 4 頁中的公共報告時間和隱私權法聲明

See page 4 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：2008 年 7 月 31 日)

(exp. 07/31/2008)

僅限機構填寫 - For Agency Use Only

Table with 3 columns: 機構名稱 - Name of Agency, 項目名稱或號碼 - Project Name or Number, 個案名稱 - Case Number

說明：本申請表供家庭和個人根據1970年《統一搬遷資助和不動產獲取政策法案》(URA)申請租金或預付定金資助...

Instructions: This claim form is for the use of families and individuals applying for rental or down payment assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)...

被要求搬遷的人必須在搬遷后的一年內租賃/購買並居住在適當、安全和衛生的替代住宅內...

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...

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)

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?

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? Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to?

Table with 5 columns: 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?

5. 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《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...

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...

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

居民家庭 (1) 個人 (2) 家庭 - 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.

6. 個人財務資源確定 (不適用於選擇租房的 180 天住宅擁有人-居住者。請在第 6(6) 項中填寫「NA」(不適用)。) <i>Determination of Person's Financial Means (Not applicable to 180-day homeowner-occupants who choose to rent. Enter NA in Item 6(6).)</i>	家庭收入 <i>Household Income</i>	
	申請人 <i>Claimant</i> (a)	僅限機構填寫 <i>For Agency Use Only</i> (b)
(1) 家庭總人口 (請參閱第 5(1) 項或第 5(2) 項) <i>Total number of persons in the household (See item 5(1) or (2))</i>		
(2) 家庭年度毛收入 (49 CFR 24.2(a) (14))。填寫每一位家庭成員的姓名及收入 (包括不合法在美國居留人士的收入) <i>Annual Gross Household Income. (49 CFR 24.2(a) (14)). Enter name of each household member with income (include the income of persons not lawfully present in the U.S.)</i>	\$	\$
(3) 年度總毛收入 (第 6(2) 項所有分項總額) <i>Total Gross Annual Income (Sum of entries in item 6(2))</i>	\$	\$
(4) URA 對第 6(1) 項中人數的低收入限制。如果第 6(3) 項數額大於第 6(4) 項數額 — 則不屬於低收入家庭。請參閱 49 CFR 24.402 (b)(2)(ii) <i>URA 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. See 49 CFR 24.402 (b)(2)(ii)</i>		\$
(5) 月毛收入 (將第 6(3) 項數額除以 12) <i>Gross Monthly Income (Divide item 6(3) by 12)</i>	\$	\$
(6) 第 6(5) 項的 30% 或「NA」(不適用) (如果第 6(3) 項的年度毛收入大於第 6(4) 項中的 URA 低收入限額, 請填寫「NA」(不適用)) <i>30% of item 6(5) or "NA". (If gross annual income item 6(3) is greater than URA low income limit in item 6(4), enter "NA".)</i>	\$	\$

**7. 租金和每月平均公用設施費用確定 (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 7 行填寫相關數額。

**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 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).

月費 ~ Monthly Cost	您搬出的單元 (對於住宅擁有人-居住人, 租金將由機構確定) <i>Unit That You Moved From (For Homeowner-Occupant, rent will be determined by the agency.)</i>		您搬入的單元 (如果是申請預付定金資助, 請勿填寫) <i>Unit That You Moved to (Do not complete if claim is for down payment assistance.)</i>		同類替代住宅 <i>Comparable Replacement Dwelling</i>
	(a) 申請人 <i>Claimant</i>	(b) 僅限機構 填寫 <i>For Agency Use Only</i>	(c) 申請人 <i>Claimant</i>	(d) 僅限機構 填寫 <i>For Agency Use Only</i>	(e) 由機構提供 <i>To Be Provided By Agency</i>
(1) 租金 (居住條款與條件規定的應繳納的月租。如果租金中不包括公用事業費, 請在第 7(2) - (5) 項中列出。) <i>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))</i>	\$	\$	\$	\$	\$
(2)					
(3)					
(4)					
(5)					

月費 ~ Monthly Cost	您搬出的單元 (對於住宅擁有人-居住人, 租金將由機構確定) <i>Unit That You Moved From (For Homeowner-Occupant, rent will be determined by the agency.)</i>		您搬入的單元 (如果是申請預付定金資助, 請勿填寫) <i>Unit That You Moved to (Do not complete if claim is for down payment assistance.)</i>		同類替代住宅 <i>Comparable Replacement Dwelling</i>
	(a) 申請人 <i>Claimant</i>	(b) 僅限機構 填寫 <i>For Agency Use Only</i>	(c) 申請人 <i>Claimant</i>	(d) 僅限機構 填寫 <i>For Agency Use Only</i>	(e) 由機構提供 <i>To Be Provided By Agency</i>
(6) 毛月租和公用事業費 (將第 7(1) - (5) 項相加) <i>Gross Monthly Rent and Utility Costs (add item 7(1) through (5))</i>	\$	\$	\$	\$	\$
(7) 每月住房補貼 (如適用) (例如, Housing Choice Voucher/Section 8 或其他補貼計劃) <i>Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)</i>	\$	\$	\$	\$	\$
(8) 每月租金和公用事業費淨值 (從第 7(6) 項中減去第 7(7) 項) (在第 8 項相關行中填寫這些數額) <i>Net Monthly Rent and Utility Costs (subtract item 7(7) from item 7(6)) (Enter these amounts on the appropriate lines in Item 8.)</i>	\$	\$	\$	\$	\$
8. 付款計算: 如果您在申請預付定金資助, 請勾選本方框 <input type="checkbox"/> , 然後跳至第 8(1) 項。 <b>Computation of Payment: If you are filing for down payment assistance, check this box <input type="checkbox"/> and skip item 8(1).</b>				由申請人填寫 <i>To Be Completed By Claimant (a)</i>	僅限機構填寫 <i>For Agency Use Only (d)</i>
(1) 您搬入單元的月租和平均每月公用事業費 (第 7(8) 項 (c) 欄的數額) <i>Monthly Rent and Average Monthly Utility Costs for Unit That You Moved To (From item 7(8), Column (c))</i>			\$	\$	
(2) 同類替代住宅的月租和平均每月公用事業費 (第 7(8) 項 (e) 欄的數額) (由機構提供) <i>Monthly Rent and Average Monthly Utility Costs for Comparable Replacement Dwelling (From item 7(8), Column (e)) (To be provided by the Agency)</i>					
(3) 第 8(1) 或 8(2) 項中較低的數額 (如果是申請預付定金資助, 請填寫第 8(2) 項中的數額) <i>Lesser of item 8(1) or (2) (If claim is for down payment assistance, enter amount from item 8(2))</i>					
(4) 您搬出單元的月租和平均每月公用事業費 (第 7(8) 項 (a) 欄的數額) (供選擇租房的住宅擁有人-居住者使用, 由機構確定) <i>Monthly Rent and Average Monthly Utility Costs for Unit That You Moved From (From item 7(8), Column (a)) (For Homeowner-Occupants who choose to rent, to be determined by the agency.)</i>					
(5) 平均家庭每月毛收入的 30% (第 6(6) 項 (a) 欄的數額)。如果第 6(6) 項填寫「NA」(不適用), 則在此處填寫「NA」(不適用)。 <i>30% of Average Gross Monthly Household Income (From item 6(6), Column (a)). If item 6(6) is "NA", enter "NA" here.</i>					
(6) 第 8(4) 項或第 8(5) 項中較低的數額 <i>Lesser of item 8(4) or 8(5)</i>					
(7) 每月需求 (從第 8(3) 項中減去第 8(6) 項) <i>Monthly Need (Subtract item 8(6) from item 8(3))</i>					
(8) 付款數額申請 (用第 8(7) 項的數額乘以 42) (對於選擇租房的住宅擁有人-居住者, 該數額不得超過替代住宅購置費用與同類替代住宅費用的差額。請參閱表格 HUD-40057 第 5(5) 項) <i>Amount of Payment Claim (Amount on item 8(7) multiplied by 42) (For a Homeowner-Occupant who elects to rent, this amount cannot exceed the difference between the acquisition cost of the displacement dwelling and the cost of a comparable replacement dwelling. See form HUD-40057, item 5(5).)</i>			\$	\$	
(9) 以前領取的數額 (如有) <i>Amount Previously Received (if any)</i>					
(10) 申請的數額 (從第 8(8) 項減去第 8(9) 項) <i>Amount Requested (Subtract item 8(9) from 8(8))</i>			\$	\$	

9. 申請人認證：我確認本申請表中的資訊和證明文件真實完整，沒有任何其他來源向我支付此類費用。  
**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.

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**

10. 搬遷資助資格生效日期 (月/日/年) Effective date (mm/dd/yyyy) of eligibility for relocation assistance		11. 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 (mm/dd/yyyy) replacement dwelling inspected and found decent, safe and sanitary		12. 入住替代住宅的日期 (月/日/年) Date (mm/dd/yyyy) person occupied replacement dwelling	
13. 將用以下方式付款： <input type="checkbox"/> 一次性付款 (僅限預付定金資助) <input type="checkbox"/> 按月攤付 <input type="checkbox"/> 其他分期付款方法 (在「附註」一欄中具體說明) Payment To Be Made In: <input type="checkbox"/> Lump Sum <input type="checkbox"/> Monthly Installments <input type="checkbox"/> Other Installments (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 (月/日/年) Date (mm/dd/yyyy)	
14. 建議數額 Recommended	\$				
15. 批准數額 Approved	\$				

**附註 ~ Remarks**

在另一頁中繼續填寫「附註」？  
 Remarks continued on a separate page?  是 Yes  否 No

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 1970 年《統一搬遷資助和不動產獲取政策法案》和 49 CFR Part 24 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 per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 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.

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**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. You are not required by law to furnish this information, but if you do not provide it, you may not receive this payment or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), and implementing regulations at 49 CFR Part 24. The information may be made available to a Federal agency for review.