Reklamasyon pou Asistans Lwaye oswa Acha Kay
Claim for Rental or Purchase Assistance

Daprè Seksyon 104(d) Lwa sou Lojman ak Devlopman Kominotè ane 1974 la, modifye
Under Section 104(d) of Housing and Community Development Act of 1974, as amended

Depatman Lojman ak Devlopman Iben Ozetazini
U.S. Department of Housing and Urban Development
Biwo Planifikasyon ak Devlopman Kominotè
Office of Community Planning and Development
No. apwobasyon OMB. 2506-0016
OMB Approval No. 2506-0016
(eksp. 31/07/2008)
(exp. 07/31/2008)

Pou ajans lan itilize sèlman ~ For Agency Use Only

Non ajans lan *Name of Agency*	Non oswa nimewo pwojè a *Project Name or Number*	Nimewo ka *Case Number*

Chaj pou rapò piblik pou koleksyon enfòmasyon sa a estime a yon mwayèn de 1.0 èdtan pa repons. Sa enkli tan pou kolekte, revize epi rapòte done a. N ap kolekte enfòmasyon sa a daprè otorite Seksyon 104(d) Lwa sou Lojman ak Devlopman Kominotè ane 1974 la, modifye, ak regilasyon pou aplike yo nan 24 CFR Pati 42 epi nou pral itilize l pou detèmine si w elijib pou resevwa yon pèman pou ede w lwe oswa achte yon nouvo kay ak montan nenpòt pèman. Repons a demann pou enfòmasyon sa a nesesè pou resevwa benefis w ap chèche a. Ajans sa a paka kolekte enfòmasyon sa a, epi ou pa oblije ranpli fòm sa a amwenske li afiche yon nimewo kontwòl OMB ki valab kounye a.
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.*
Notis lwa sou lavi prive: Enfòmasyon sa a nesesè pou detèmine si w elijib pou resevwa yon pèman pou ede w lwe oswa achte yon nouvo kay. Ajans lan pral ede w ranpli fòm sa a. Si yo pa apwouve kantite total reklamasyon w lan, Ajans lan pral ba w yon eksplikasyon alekri sou rezon ki fè sa. Si w pa satisfè avèk desizyon Ajans lan, ou ka fè apèl a desizyon sa a. Ajans lan pral eksplike w fason pou fè yon apèl. Daprè lalwa ou pa oblije bay enfòmasyon sa a, men si w pa bay li, ou ka pa resevwa pèman sa a oswa sa ka pran plis tan pou yo peye w. N ap kolekte enfòmasyon sa a daprè otorite Seksyon 104(d) Lwa sou Lojman ak Devlopman Kominotè ane 1974 la, modifye. Enfòmasyon sa a ka disponib pou yon ajans federal ka revize l.
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. Non w (yo) (Ou se moun (yo) k ap fè reklamasyon an) *Your Name(s) (You are the Claimant(s))*	1a. Adrès postal ou(yo) kounye a *Your Present Mailing Address(es)*	1b. Nimewo telefòn ou(yo) *Your Telephone Number(s)*

2a. Èske tout moun nan kay la te demenaje al nan menm kay? ☐ Wi ☐ Non ((Si "Non", site non tout moun ak nan ki adrès yo te demenaje nan Seksyon Remak la.) 2b. Èske w ap (oswa ou pral) resevwa yon sibvansyon nan pwogram lojman federal, leta oswa lokal pou kay kote ou demenaje a? ☐ Wi ☐ Non

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*

Kay ~ *Dwelling*	Adrès ~ *Address*	Ki lè ou te lwe/achte inite sa a? *When Did You Rent/Buy This Unit?*	Ki lè w te demenaje al nan inite sa a? *When Did You Move To This Unit?*	Ki lè w te demenaje sot nan inite sa a? *When Did You Move Out of This Unit?*
3. Inite ou sot ladan l lan *Unit That You Moved From*				
4. Inite ou al ladan l lan *Unit That You Moved To*				

5. Kalkil pèman: Ranpli atik 13 ak 14 nan dènye paj fòm sa a anvan w ranpli seksyon sa a.
Si w ap ranpli pou asistans pou acha, tyeke bwat sa a ☐ epi sote liy (1).
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).

Atik ~ *Item*	Pou moun k ap fè reklamasyon an ranpli *To Be Completed By Claimant*	**Pou ajans lan itilize sèlman** ***For Agency Use Only***
(1) Lwaye mansyèl ak depans mansyèl mwayèn pou itilite pou inite ou demenaje al ladan l lan (apati de atik 13, liy (8), kolòn (a)) *Monthly Rent and Estimated Average Monthly Utility Costs for Unit That You Moved To (from Item 13, line (8), column (a))*	$	$
(2) Lwaye mansyèl ak depans mansyèl mwayèn pou itilite pou lojman ranplasman ki konparab (apati de atik13, liy (8), kolòn (c)) (montan pou ajans lan bay) *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) Montan ki pi piti nan sou liy (1) oswa (2) (Si reklamasyon an se pou asistans acha mete montan ki sou liy (2) a) *Lesser of line (1) or (2) (If claim is for purchase assistance enter amount from line (2))*		
(4) Pèman total pou lokatè a (apati de atik 14, liy (8) oswa daprè kalkil PHA) *Total Tenant Payment (from Item 14, line (8) or as computed by PHA)*		
(5) Bezwen mansyèl (Soustrè liy (4) nan liy (3)) *Monthly Need (Subtract line (4) from line (3))*		
(6) Montan pèman an (Lokatè yo miltipliye montan ki sou liy (5) pa 60; Ajans lan pral detèmine montan asistans pou acha a) *Amount of Payment (Renters multiply amount on line (5) by 60; Agency will determine purchase assistance amount)*		
(7) Frè pou depo garanti ~ *Cost of Security Deposit*		

5. Kalkil pèman: Ranpli atik 13 ak 14 nan dènye paj fòm sa a anvan w ranpli seksyon sa a.
Si w ap ranpli pou asistans pou acha, tyeke bwat sa a ☐ epi sote liy (1).
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).

Atik ~ *Item*	Pou moun k ap fè reklamasyon an ranpli *To Be Completed By Claimant*	**Pou ajans lan itilize sèlman** ***For Agency Use Only***
(8) Frè pou tyeke kredi ~ *Cost of Credit Check*		
(9) Montan reklamasyon an (Ajoute liy (6), (7) ak (8)) *Amount of Claim (Add lines (6), (7) and (8))*	$	$
(10) Montan ou te deja resevwa, si w te resevwa l ~ *Amount Previously Received, if any*		
(11) Montan ou te mande (Soustrè liy (10) nan liy (9) *Amount Requested (Subtract line (10) from line (9))*	$	$

6. **Sètifikasyon:** Mwen sètifye enfòmasyon ki sou fòm reklamasyon an ak dokiman ki sipòte enfòmasyon mwen bay yo se laverite epi yo konplè epi mwen pa t resevwa pèman pou depans sa yo nan men ankenn lòt sous.
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.*
Siyati moun (yo) k ap fè reklamasyon an ak Dat ~ *Signature(s) of Claimant(s) & Date*

X

Avètisman: HUD pral pousuiv tout fo reklamasyon ak deklarasyon. Kondanasyon ka lakoz penalite kriminèl epi/oswa sivil. (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)*

Ajans lan ki gen pou ranpli pati sa a ~ *To be Completed by the Agency*

7. Dat elijiblite pou asistans relojman an antre anvigè *Effective date of eligibility for relocation assistance*	8. Dat yo te refere w pou yon kay ranplasman ki konparab *Date of referral to comparable replacement dwelling*	9. Dat lojman ranplasman an te enspekte epi yo te jwenn li desan, san danje epi sanitè *Date replacement dwelling inspected and found decent, safe and sanitary*

10. Pèman an gen pou fèt an: ☐ Sòm global (sèlman pou asistans pou akont) ☐ Vèsman mansyèl ☐ Lòt vèsman (presize nan seksyon remak la)
Payment To Be Made In: ☐ *Lump Sum (only for down payment assistance)* ☐ *Monthly Installments* ☐ *Other Installments (specify in the Remarks Section)*

Aksyon pou pèman *Payment Action*	Montan pèman an *Amount of Payment*	Siyati *Signature*	Non (Tape oswa enprime) *Name (Type or Print)*	Dat *Date*
11. Rekòmande *Recommended*	$			
12. Apwouve *Approved*	$			

13. **Detèminasyon lwaye ak depans mwayèn pa mwa pou itilite (Gade 49 CFR 24.402(b))**
Enstriksyon: Pou kalkile pèman an, montan ki nan liy (8) la dwe reflete tout sèvis itilite ou resevwa. Kidonk, idantifye sou liy (2) jiska (5) chak itilite ki nesesè pou ka bay chofaj, dlo cho, pou fè manje, limyè ak dlo ak egou. Nan ka kote lwaye ou peye chak mwa a pa kouvri sèvis itilite yo, endike montan ou estime ou ka peye chak mwa avèk lajan pa w. Nan ka kote lwaye ou peye chak mwa a kouvri sèvis itilite, mete "IMR" (Nan lwaye a). Detèmine konbyen sa koute an mwayèn chak mwa pou sèvis itilite lè w divize defason rezonab sa ou estime itilite a koute chak ane pa 12. Si w ap resevwa (oswa pral resevwa) yon sibvansyon mansyèl pou lojman nan (HAP)), mete montan ki aplikab la sou liy (7), kolòn (a).
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).*

Atik ~ *Item*	**Frè mansyèl an mwayèn** ***Average Monthly Cost***		
	Inite ou al ladan l lan (Pinga w ranpli pati sa a si reklamasyon an se pou asistans pou acha) *Unit That You Moved To (Do not complete if claim is for purchase assistance)*		Kay ranplasman ki konparab *Comparable Replacement Dwelling*
	(a) Moun k ap fè reklamasyon an ~ *Claimant*	(b) **Pou ajans lan itilize sèlman** ***For Agency Use Only***	**(c) Ajans lan ki gen pou bay montan sa a** ***To Be Provided By Agency***
(1) Lwaye (Montan mansyèl pou bay pou lwaye daprè kondisyon pou abite nan kay la. Li ka swa kouvri swa pa kouvri ankenn itilite.) *Rent (The amount paid under the terms and conditions of occupancy. It may or may not cover any utilities.)*	$	$	
(2)			
(3)			
(4)			
(5)			
(6) Lwaye mansyèl brit ak pri itilite (adisyone liy (1) jiska (5)) *Gross Monthly Rent and Utility Costs (add lines (1) through (5))*			
(7) Sibvansyon mansyèl pou lojman, si sa aplikab (pa egzanp, Seksyon 8 HAP) *Monthly Housing Subsidy, if applicable (e.g., Section 8 HAP)*	$	$	$
(8) Lwaye mansyèl nèt ak pri itilite (soustrè liy 7 nan liy (6)) *Net Monthly Rent and Utility Costs (subtract line 7 from line (6))*	$	$	$

14. Detèminasyon pèman total pou lokatè a (Gade 24 CFR 5.628) Si PHA kalkile pèman total pou lokatè a, ou pa bezwen ranpli seksyon sa a.
Determination of Total Tenant Payment *(See 24 CFR 5.628) If PHA computes Total Tenant Payment, this section need not be completed.*

Revni moun ki abite nan kay la ~ *Household Income*

Atik ~ *Item*		(a) Pou moun k ap fè reklamasyon an ranpli *To Be Completed By Claimant*		**(b)** **Pou ajans lan itilize sèlman** ***For Agency Use Only***
(1) Revni anyèl brit moun ki abite nan kay la. Mete revni byen nèt fanmi an. Mete non chak manm nan kay la avèk revni yo. (*gade* 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) Total revni anyèl brit (adisyone montan ki sou liy (1)) *Total Gross Annual Income (add entries in line (1))*				
(3) Ajisteman nan revni (gade 24 CFR 5.611) Adjustment to Income (see 24 CFR 5.611)				
(a) Dediksyon depandan ($480 X kantite depandan) *Dependent deduction ($480 X number of dependents)*				
(b) Dediksyon pou tigranmoun nan kay la (Mete $400, si chèf fanmi an oswa konjwen li gen 62 an oswa plis oswa li andikape oswa li envalid) *Elderly household deduction (Enter $400, if head of household or spouse is 62 years or older or handicapped or disabled)*				
(c) Depans pou swen timoun ki admisib (depans pou timoun ki gen 12 an oswa mwens ki pèmèt yon manm fanmi travay oswa kontinye al lekòl) *Allowable child care expenses (expenses for children 12 and under that enable a family member to work or further education*)				
(d) Depans admisib pou asistans pou moun ki andikape pou fanmi ki pa tigranmoun (sa pèmèt moun ki andikape oswa envalid la travay oswa yon lòt manm fanmi an travay) *Allowable handicapped assistance expenses for nonelderly family (that enable handicapped or disabled person to work or another household member to work)*				
(e) Depans admisib pou asistans moun ki andikape ak depans medikal pou fanmi ki tigranmoun (si chèf fanmi an oswa konjwen l gen 62 an oswa plis oswa li andikape oswa li envalid) *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) Total ajisteman nan revni an (Adisyone liy (3)(a) jiska (3)(e)) *Total adjustments to income (Add lines (3)(a) through (3)(e))*				
(4) Soustrè liy (3)(f) nan liy (2) (Sa se yon revni anyèl ajiste) *Subtract line (3)(f) from line (2) (This is annual adjusted income)*				
(5) Divize liy (4) pa 12 (Sa se revni mansyèl ajiste) *Divide line (4) by 12 (This is monthly adjusted income)*				
(6) 30 % liy (5) ~ *30 % of line (5)*				
(7) 10 % revni mansyèl brit (Divize liy (2) pa 120) *10 % of gross monthly income (Divide line (2) by 120)*				
(8) Montan ki pi gwo nan liy (6) oswa (7) (Mete nan atik 5, liy (4)) [1] *Greater of line (6) or (7) (Enter in Item 5, line (4))* [1]			$	$

Remak ~ *Remarks*

[1] Si moun k ap fè reklamasyon an resevwa asistans byennèt sosyal nan yon Eta oswa kominote ki deziye yon pòsyon presi asistans sa a kòm yon alokasyon pou lojman epi ajiste montan sa a daprè depans pou lojman aktyèl, mete montan yo deziye a nan atik 5, liy (4), si montan an pi gwo pase sa ki nan atik 14, liy(8).
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).