Relocation Entitlement Instructions

Price Differential Form

|  |  |  |
| --- | --- | --- |
| TO:NAME (LENDER OR TITLE CO.) |  | Agency Information  RE: INSERT DISPLACEE NAME |
| INSERT ADDRESS |  |  |
| INSERT ADDRESS |  | Project Title: INSERT PROJECT TITLE |
| Attn: INSERT NAME |  |  |
| Telephone No.: INSERT TELEPHONE NO. |  | Parcel No.: INSERT PARCEL NO. |
| Fax No.: INSERT FAX NO. |  | Displacee No.: INSERT DISPLACEE NUMBER |
|  |  |  |

DATE: INSERT DATE Escrow No: INSERT ESCROW NO.

The INSERT AGENCY NAME (Agency) has determined that the INSERT DISPLACEE NAME (Displacee) is entitled to the sum of $INSERT AMOUNT ENTITLEDunder the Relocation Assistance Program for the purchase of the property located at INSERT PROPERTY ADDRESS*.*

The Agency has advised that this amount will be forwarded to you for placement in escrow within INSERT NUMBER OF DAYS days after you receive this letter.

The Agency and the Displacee mutually agree and instruct that the funds be handled as stated below:

1. The sum of $INSERT DOWN PAYMENT AMOUNT is to be applied toward the **down payment** to reduce the amount of principal owed **but NOT to be applied to prepaid taxes or insurance.** The final closing statement must indicate funds received from the Agency.

2. The sum of $INSERT APPLIED AMOUNT is to be applied toward certain eligible closing costs detailed below. Should the final eligible closing costs total be less than the estimated eligible closing costs shown below upon which this payment is based, the difference must be refunded to the Agency at the address shown.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **Item Description** | **Charge** | **Amount Reimbursable** | **Explanation** |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
|  |  | $ | $ |  |
| **Total Estimated Eligible Closing Costs** | | | **$** |  |

3. Upon closing, mail a copy of the recorded instruments and a certified copy of the final closing statement to:

INSERT RELOCATION SPECIALIST'S EMAIL ADDRESS

Said closing statement must include, at a minimum:

(1) The closing date of the escrow,

(2) Endorsement by purchaser to the effect that the statement has been approved, and

(3) **Certification by the closing officer that the statement is true and correct.**

In the event that you are unable to perform as instructed herein prior to INSERT PRIOR TO DATE*,* please return all Agency funds, less your escrow cancellation charge, if any, with your letter of explanation to the Agency at the address shown above.

INSERT AGENCY NAME

INSERT SPECIALIST'S NAME Displaced Person(s)

Relocation Specialist

INSERT TELEPHONE NO.

INSERT EMAIL ADDRESS