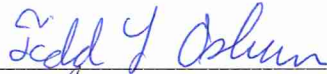
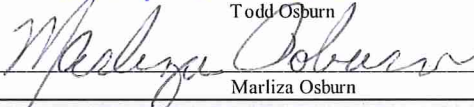
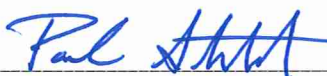


## CLAIM FOR PAYMENT OF HOUSING SUPPLEMENT

Completed by Claimant				
1. Name of Claimant(s): Todd and Marliza Osburn			Parcel No.: 39-S	County: Williamson
2. Property Acquired by County through <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Condemnation Address: 7201 CR 110, Round Rock, Texas 78665			3. Replacement Housing Address: 109 Buckboard, Liberty Hill, Texas 78642	
4. Occupancy of County-Acquired Property From: <input checked="" type="checkbox"/> Owner-Occupant <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Sleeping Room			5. Replacement Housing Data Purchase Price of Replacement Dwelling: \$395,000.00	
6. Controlling Dates	Mo.	Day	Yr.	7. Type and Amount of Claim:  a. Housing Supplement: \$127,500.00  b. Down Payment: \$
a. First Offer in Negotiations	10	22	2015	
b. Date Property Acquired	12	18	2015	
c. Date Required to Move	02	05	2016	
8. Payment of this claim in the amount shown in Block 7 is requested. I certify that this move was made as a result of the acquisition of property for highway purposes. The information submitted herewith is true and correct and that the dwelling I now occupy meets the standards for decent, safe and sanitary housing to the best of my knowledge and belief.				
<u>11/15/16</u> Date of Claim		<div style="text-align: right;">             Todd Osburn         </div> <div style="text-align: right; margin-top: 10px;">             Marliza Osburn         </div>		
Completed by County Representative				
The dwelling at the address under Block 3 above has been inspected and meets the standards for decent, safe and sanitary housing.				
<u>1.14.16</u> Date of Inspection		<div style="text-align: right;">             Inspected by Paul Starkel, HDR         </div>		
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information shown herein is correct. This claim is recommended for payment as follows:				
Amount of \$127,500.00				
Date: _____			By: _____	
			County Representative	

**To:** Williamson County

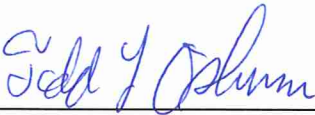
**From:** Todd and Marliza Osburn

**Address:** 7201 CR 110, Round Rock, Texas 78665

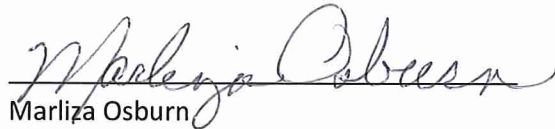
**Parcel:** 39-S

**RE:** Advanced Payment Request for Housing Supplement

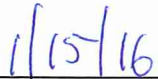
We, Todd Osburn and Marliza Osburn, request our Housing Supplement in the amount of \$127,500.00 be paid as an advanced payment. In order to avoid a financial hardship, we will need this payment at the time of closing to purchase the replacement property.



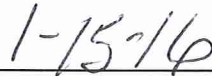
\_\_\_\_\_  
Todd Osburn



\_\_\_\_\_  
Marliza Osburn



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date

**SUPPLEMENTAL PAYMENT ESTIMATE - REPLACEMENT HOUSING**

Print or Type All Information	
Displacee's Name:  Marliza and Todd Osburn	ROW CSJ: N/A Parcel No.: 39 First Offer in Negotiations (Date): N/A Occupancy Since (Date): County: Williamson
Type Supplement: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> 180-day Owner <input type="checkbox"/> Revised <input type="checkbox"/> 90-day Occupant <input checked="" type="checkbox"/> Last Resort <input type="checkbox"/> Late Occupants	Property From Which Displaced: <input checked="" type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home Site <input type="checkbox"/> Apartment <input type="checkbox"/> Other: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex
<input type="checkbox"/> Utilities in Subject Rent <input type="checkbox"/> Utilities Not in Subject Rent	Monthly Gross Income: \$ N/A    X 30% = \$

Replacement Property Data										
* Denotes Selected Replacement Property										
Property No.	Total Rooms	No. Bdr.	Apprx. Sq. Ft.	Age	Quality	Cond.	Yd. Imp.	Index	Sales Price	Rental Cost
1	9	5	3,075	7	24	3	3	37	379,000.00	
2*	12	5	2,938	5	23	3	3	34	399,000.00	
3	9	5	3,084	8	24	3	3	38	399,000.00	
Subject	9	5	2,569	3	22	3	3	31		

Replacement Housing Supplement	
Replacement Cost	\$399,000.00
Subject Value	\$267,500.00
Supplement	\$131,500.00

Rent Supplement			
Actual Rent	Fair Market Rent	Gross Income	Replacement Cost Supplement
\$	\$	\$	\$
x 42	x 42	x 42	x 42
\$	\$	\$	\$
			Supplement = \$N/A

Williamson County  
CR 110  
Parcel 39

Remarks:

The subject property consists of 1.0 acre of land which the State is acquiring 0.454 acres for construction purposes. The subject property is improved with a 2,569 square feet one story single family residence. The residence contains five bedrooms, two bathrooms, living room, dining room, kitchen, and utility room. Site improvements include a covered porch, an enclosed sun room, an open patio, an in-ground swimming pool with hot tub, four foot iron fencing, a storage building, a septic system, and landscaping. The improvements were constructed in 1980 and are considered to be in good condition.

In accordance with TxDOT's ROW Manual, *Vol. 3, Relocation Assistance, Chapter 16, Section 11, Computation of Housing Supplement*, a carve-out of excess land and improvements is necessary when "major exterior attributes (excess land if applicable, and improvements separate from the residence) not replaced at the selected comparable replacement property should be subtracted (carved-out) from the parcel's approved value. Examples of "major exterior attributes" include, but are not limited to such improvements as swimming pools, fencing, specialized landscape features, tennis courts, storage sheds, etc."

**Subject's Value** **\$282,500**

A carve-out of improvements not replaced at the selected comparable is necessary and has been calculated as follows:

Cost to Cure Damages to remainder (Demolition Costs) \$ 15,000

**Total Carve-Out** **\$ 15,000**

**Subject's Adjusted Value** **\$ 267,500**

Comparable 2 has been selected because it is most comparable to the subject in regards to functional equivalency. Comparable 2 is approximately 12 miles from the subject. The selected comparable 2 is superior to the subject in age, size, and construction.

The supplemental payment(s) have been determined by me and are to be used in connection with a federal-aid highway project. The replacement housing used for these supplement computations are certified to be fair housing open to all persons regardless of race, color, religion, age, sex, national origin or handicap and consistent with the requirements of Title VIII of the Civil Rights Act of 1968. I have no direct nor indirect, present or contemplated interest in this transaction nor will I derive any benefit from the supplemental payment.

Total number of displaced persons: 5. List age, sex and relationship of household occupants other than displacee(s) named on page 1.

Karen Kroeck – 73, Mother of Marliza Osburn  
Karen Osburn – 22, Daughter  
Jace – 15 months, Grandson

**Remarks: (Use extra page if necessary)**

See Attached Page

The supplemental payment(s) on page 1 have been determined by me and are to be used in connection with a <sup>County</sup> ~~federal-aid~~ highway project. The replacement housing used for these supplement computations are certified to be fair housing open to all persons regardless of race, color, religion, age, sex, national origin or handicap and consistent with the requirements of Title VIII of the Civil Rights Act of 1968. I have no direct nor indirect, present or contemplated interest in this transaction nor will I derive any benefit from the supplemental payment.

**Prepared by:**

Joseph Mohammed                      10/21/15  
Signature    Date

**Reviewed by:**

R. Pen    10/21/15  
Signature    Date

**Approved by:**

Don Childs    10.22.15  
Signature    Date