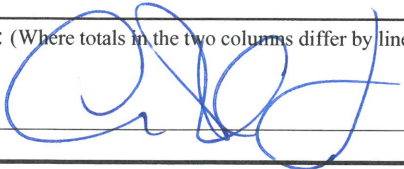


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Juan Carlos Guzman and Thelma Guzman	Parcel No.: 14	County: Williamson
		Project: Corridor A-1 SE Loop
4. Occupancy of Property Acquired by County		
	From (Date): 1-2015	To (Date of Move): 09-11-2020
5. Controlling Dates		
	a. First Offer in Negotiations	Mo. 08 Day 30 Yr. 2019
2. Address of Property Acquired by County: 102 Dana Drive Hutto, Texas 78634		
	b. Date Property Acquired	12 18 2019
	c. Date Required to Move	12 18 2020
6. Dwelling:(house, apartment, etc.) <input type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished		
Apt. No.:	3. Address Moved To: 108 Harlin Dr. Hutto, Texas 78634	
Apt. No.:	(1) Number of Rooms: 8 (2) Payment Schedule Amount \$ 1,900 (3) Total Amount of Claim: \$ 1,900	
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>9-11-20</p> <p>_____ Date of Claim</p> </div> <div style="width: 60%;"> <p style="text-align: center;"> Claimant Claimant </p> </div> </div>		
Spaces Below to be Completed by County		
8. Type occupancy and number of rooms verified prior to move on: Date: 9-14-2019 By: <div style="text-align: center; font-size: small;">Signature</div>	9. Vacancy verified on: Date: 9-11-2020 By: <div style="text-align: center; font-size: small;">Signature</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 as shown herein is correct.		
This claim is recommended for payment. This claim is recommended for payment as follows:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>9-11-2020</p> <p>_____ Date</p> </div> <div style="width: 60%;"> <p style="text-align: center;"> Amount of \$ 1,900.⁰⁰ Relocation Agent </p> </div> </div>		
APPROVED		
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>_____ Date</p> </div> <div style="width: 60%;"> <p>_____ Williamson County Judge</p> </div> </div>		

Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room	1	1
Dining Room	1	1
Kitchen	1	1
Family Room		
Bedroom	3	3
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage 2 car attached	1	1
Storage Room		
Attic		
Laundry Room	1	1
Total	8	8
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
Signed 		

Parcel 18
SE Loop
642min

Moving Expense Schedules A & B

A. UNFURNISHED UNITS - Occupant owns furniture.					
No. of Rooms	One	Two	Three	Four	Five
Amount	\$600	\$800	\$1,000	\$1,200	\$1,400
No. of Rooms	Six	Seven	Eight	Each Additional Room	-
Amount	\$1,600	\$1,750	\$1,900	\$150	-
B. FURNISHED UNITS - Occupant does not own furniture.					
First Room	Each Additional Room				
\$400	\$50				

LR
DR
Kit
BedRm (3)
Garage
Laundry
8 RRooms

CERTIFICATION OF ELIGIBILITY

SE Loop

Parcel: 18

Displacee: Juan Guzman and Thelma Guzman

Individuals, Families and Unincorporated Businesses or Farming Operations


I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ Citizens or Nationals of the United States

or

☐ Aliens lawfully present in the United States

* If an Alien lawfully present in the United States, supporting documentation will be required.



Claimant

Date: 9-14-19



Claimant

Date: 9/14/19

Incorporated Business, Farm or Nonprofit Organizations

I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.

Claimant

Date: