

**CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES**

1. Name of Claimant(s): Joseph Alcorn	Parcel No.: 14	County: Williamson				
	Project: Corridor A-1 SE Loop					
	4. Occupancy of Property Acquired by County					
	From (Date): 04-10-2018		To (Date of Move): 08-22-2020			
2. Address of Property Acquired by County: 101 Dana Drive Hutto, Texas 78634  Apt. No.:	5. Controlling Dates			Mo.	Day	Yr.
	a. First Offer in Negotiations			04	17	2020
	b. Date Property Acquired			07	31	2020
	c. Date Required to Move			09	21	2020
3. Address Moved To: 125 Hawea Lane Bastrop, Texas 78602  Apt. No.:	6. Dwelling:(house, apartment, etc.)					
	<input type="checkbox"/> Owner-occupied <input checked="" type="checkbox"/> Tenant		<input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Unfurnished			
		(1) Number of Rooms:	7			
		(2) Payment Schedule Amount	\$ 1750			
		(3) Total Amount of Claim:	\$ 1750			
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.						
10/13/2020 _____ Date of Claim		Joseph Alcorn _____ Claimant  _____ Claimant				
<b>Spaces Below to be Completed by County</b>						
8. Type occupancy and number of rooms verified prior to move on:  Date: <u>2-10-2020</u> By: _____ <small>Signature</small>			9. Vacancy verified on:  Date: <u>9-29-2020</u> By: _____ <small>Signature</small>			
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:						
<u>10-14-2020</u> _____ Date		Amount of \$ <u>1,750.00</u> _____ Relocation Agent				
APPROVED  _____ Date		_____ Williamson County Judge				

**Moving Expense Schedules A & B**

<b>A. UNFURNISHED UNITS - Occupant owns furniture.</b>					
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>B. FURNISHED UNITS - Occupant does not own furniture.</b>					
First Room	Each Additional Room				
\$400	\$50				

**CERTIFICATION OF ELIGIBILITY**

SE. Loop Hutto

Parcel: 14

Displacee: Joseph Alcorn

**Individuals, Families and Unincorporated Businesses or Farming Operations**

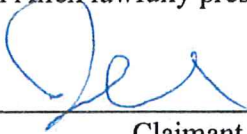
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

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:

2/10/20

Date:

Claimant

**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.

Date:

Claimant