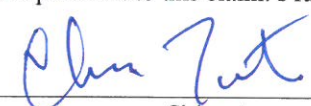
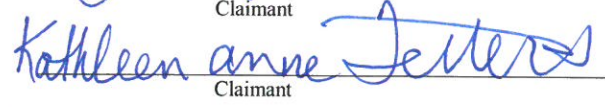

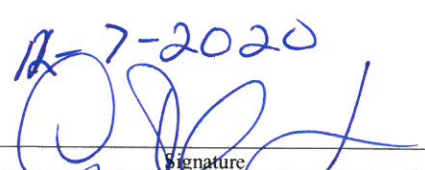
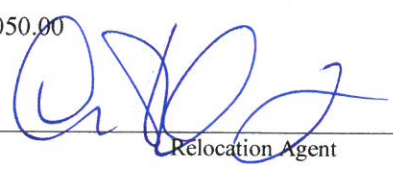
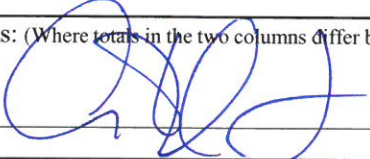


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Christopher Feters and Kathleen Feters	Parcel No.: 17	County: Williamson			
	Project: Corridor A-1 SE Loop				
	4. Occupancy of Property Acquired by County				
	From (Date): January 2001		To (Date of Move): 11-14-2020		
2. Address of Property Acquired by County: 104 Dana Drive Hutto, Texas 78643 Apt. No.:	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		04	20	2020
	b. Date Property Acquired		08	01	2020
	c. Date Required to Move		12	31	2020
	6. Dwelling:(house, apartment, etc.) <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished				
3. Address Moved To: 308 Wind Hollow Drive Georgetown, Texas 78633 Apt. No.:	(1) Number of Rooms: 9 (2) Payment Schedule Amount \$ 2,050.00 (3) Total Amount of Claim: \$ 2,050.00				
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.					
<u>11-24-2020</u> Date of Claim		 Claimant  Claimant			
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on: Date: 2-2-2020 By:  Signature			9. Vacancy verified on: Date: <u>12-7-2020</u> By:  Signature		
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>12-11-2020</u> Date		Amount of \$ 2,050.00  Relocation Agent			
APPROVED _____ Date					
_____ Williamson County Judge					

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 garage	1	1
Storage Room		
Attic		
Utility Room	1	1
Storage Building	1	1
Total	9	9
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
Signed 		

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
Kit
Din Rm
36r
Utilities Rm
Garage
Storage Bldg

9 Rooms ✓
\$2050

CERTIFICATION OF ELIGIBILITY

SE Loop, Hutto

Parcel: 17

Displacee: Christopher Feters and Kathleen Feters

Individuals, Families and Unincorporated Businesses or Farming Operations

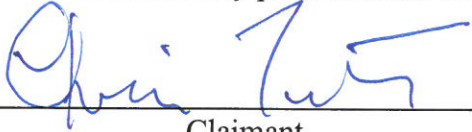
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ 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: 11-24-2020



Claimant

Date: 11-24-2020

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: