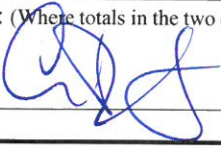


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Travis Dixon and Melissa Dixon	Parcel No.: 16	County: Williamson Project: Corridor A-1 SE Loop																
4. Occupancy of Property Acquired by County From (Date): October 2017 To (Date of Move): 12-01-2020																		
5. Controlling Dates <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">Mo.</th> <th style="width: 10%;">Day</th> <th style="width: 10%;">Yr.</th> </tr> </thead> <tbody> <tr> <td>a. First Offer in Negotiations</td> <td>08</td> <td>28</td> <td>2019</td> </tr> <tr> <td>b. Date Property Acquired</td> <td>01</td> <td>31</td> <td>2020</td> </tr> <tr> <td>c. Date Required to Move</td> <td>01</td> <td>30</td> <td>2021</td> </tr> </tbody> </table>				Mo.	Day	Yr.	a. First Offer in Negotiations	08	28	2019	b. Date Property Acquired	01	31	2020	c. Date Required to Move	01	30	2021
	Mo.	Day	Yr.															
a. First Offer in Negotiations	08	28	2019															
b. Date Property Acquired	01	31	2020															
c. Date Required to Move	01	30	2021															
2. Address of Property Acquired by County: 106 Dana Drive Hutto, Texas 78643 Apt. No.:	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: 1124 Almeria Bend Leander, Texas 78641 Apt. No.:	(1) Number of Rooms: 8 (2) Payment Schedule Amount \$ 1,900.00 (3) Total Amount of Claim: \$ 1,900.00																	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"> Date of Claim </p> </div> <div style="width: 45%;"> <p style="text-align: center;"> Claimant </p> <p style="text-align: center;"> Claimant </p> </div> </div>																		
Spaces Below to be Completed by County																		
8. Type occupancy and number of rooms verified prior to move on: Date: 08-30-2019 By: Signature	9. Vacancy verified on: Date: 12-8-2020 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: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%; text-align: center;"> <p>Amount of \$ 1,900.00</p> <p style="font-size: 1.5em;">12-11-2020</p> <p>_____ Date</p> </div> <div style="width: 45%; text-align: center;"> Relocation Agent </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>APPROVED</p> <p>_____ Date</p> </div> <div style="width: 45%; text-align: center;"> <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 garage	1	1
Storage Room		
Attic		
Utility Room	1	1
Storage Building		
Total	8	8
Remarks: (Where totals in the two columns differ by line item explain in "Remarks") <div style="display: flex; align-items: center;"> Signed  </div>		

CERTIFICATION OF ELIGIBILITY

Corridor A-1 SE Loop

Parcel: 16

Displacee: Travis Dixon and Melissa Dixon

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: 12/11/20



Claimant

Date: 12/11/20

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.

N/A

Claimant

Date: