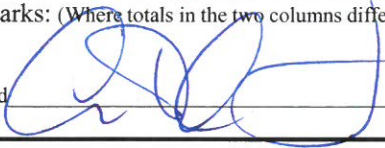


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): <div style="font-size: 1.2em; color: blue;">Sylvia Rivera</div>	Parcel No.: 11	County: Williamson			
	Project: Corridor A-1 SE Loop				
	4. Occupancy of Property Acquired by County				
	From (Date): 2001		To (Date of Move): 12-20-2020		
2. Address of Property Acquired by County: 130 Estate Drive Hutto, Texas 78634 Apt. No.:	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		04	17	2020
	b. Date Property Acquired		01	19	2021
	c. Date Required to Move		02	19	2021
	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: <div style="font-size: 1.2em; color: blue;">2017 Muirfield Dr. #204</div> <div style="font-size: 1.2em; color: blue;">Hutto TX 78634</div> 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.					
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> Date of Claim: 2-1-21 </div> <div style="text-align: center;"> Claimant </div> </div> <div style="text-align: center; margin-top: 20px;"> Claimant </div>					
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on: Date: 02-18-2020 By: <div style="text-align: center; font-size: 0.8em;">Signature</div>			9. Vacancy verified on: Date: 2-1-2021 By: <div style="text-align: center; font-size: 0.8em;">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:					
Amount of \$2,050.00					
<div style="font-size: 1.5em; color: blue;">2-2-2021</div> <div style="text-align: center;">Date</div>			 <div style="text-align: center;">Relocation Agent</div>		
APPROVED <div style="text-align: center;">Date</div>			<div style="text-align: center;">Williamson County Judge</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	4	4
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage attached	1	1
Storage Room		
Attic		
Utility Room/ Laundry	1	1
Storage Building		
Total	9	9
Remarks: (Where totals in the two columns differ by line item explain in "Remarks") <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">Signed</div>  </div>		

Moving Expense Schedules A & B

A. UNFURNISHED UNITS - Occupant owns furniture.				
No. of Rooms	One	Two	Three	Four
Amount	\$600	\$800	\$1,000	\$1,200
No. of Rooms	Six	Seven	Eight	Each Additional Room
Amount	\$1,800	\$1,760	\$1,900	\$150
B. FURNISHED UNITS - Occupant does not own furniture.				
First Room	Each Additional Room			
\$400	\$50			

9 Rooms

\$8050

CERTIFICATION OF ELIGIBILITY

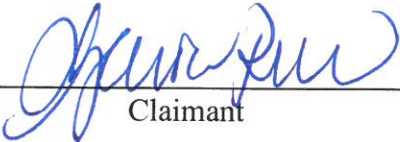
A-1 SE Loop, Hutto
Parcel: 11
Displacee: Sylvia Rivera

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: 2.1.21

Claimant

Date:

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: