



Form ROW-R-113
(Rev. 07/11)
Page 1 of 2

CLAIM FOR PAYMENT OF

☐ Down Payment

☒ Housing Supplement

Print or Type All Information - Read Rules on Reverse Side				
1. Name of Claimant(s): Fidel Loza		Parcel No.: 45 ROW CSJ: N/A		County: Williamson Project No.: N/A
2. Property Acquired by County: By: <input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Condemnation Address: 929 Stubbelfield Ln., Liberty Hill, TX 78642 Apt. No.: Site No.:		3. Replacement Housing Address: 7725 Ranch Road 1869, Liberty Hill, TX 78642 Apt. No.: Site No.:		
4. Occupancy of State-Acquired Property From (Date): 4/1/2016 To (Date of Move): <input checked="" type="checkbox"/> Owner-Occupant <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Sleeping Room		5. Replacement Housing Data a. Date of Physical Occupancy of Replacement Housing: TBD b. Filing Date of Instrument of Conveyance: c. Purchase Price of Replacement Dwelling: \$575,000.00		
6. Controlling Dates		7. Type and Amount of Claim: Housing Supplement \$230,000.00		
a. First Offer in Negotiations	Mo. 06	Day 09	a. Housing Supplement: \$230,000.00	
b. Date Property Acquired			b. Down Payment: \$	
c. Date Required to Move				
8. Payment of this claim in the amount shown in Block 7 is requested. I certify that this move was made as a result of the acquisition of property for highway purposes. The information submitted herewith is true and correct and that the dwelling I now occupy meets the standards for decent, safe and sanitary housing to the best of my knowledge and belief.				
7/6/2021 Date of Claim		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Fidel Garcia Loza</i> <small>090BA87C64E64F4...</small> Claimant </div>		
Spaces Below to be Completed by State				
Show computations necessitated by previous payments or awards in condemnation on reverse side				
The dwelling at the address under Block 3 above has been inspected and in my opinion meets the standards for decent, safe and sanitary housing.				
7/6/2021 Date of Inspection		<i>Saurie Miller</i> Inspected 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 shown herein is correct. This claim is recommended for payment as follows:				
Amount of \$230,000.00				
Date: _____		By: _____ Williamson County		





REPLACEMENT HOUSING INSPECTION

Name of Claimant: Fidel Loza		Parcel No.: Park	County: Williamson
		ROW CSJ: N/A	Project No.: N/A
Address: 7725 Ranch Road 1869, Liberty Hill, TX 78642			
Apt No.: Site No.:			
Number of Displaced Persons in Family: 1		Purchase Price or Monthly Rent: \$	
Replacement Dwelling			
House <input checked="" type="checkbox"/>		Duplex <input type="checkbox"/>	Apartment <input type="checkbox"/>
		Sleeping Room <input type="checkbox"/>	
Mobile Home: Width: Length:		Other:	
Floor Space: 1,873 sq. ft.		No. Rooms: 7	No. Bedrooms: 3 No. Baths: 2
Dwelling Inspection			
Yes No	Yes No		
<input checked="" type="checkbox"/> <input type="checkbox"/>	1. Meets all applicable building codes	<input checked="" type="checkbox"/> <input type="checkbox"/>	6. Has Provisions for artificial lighting in each room
<input checked="" type="checkbox"/> <input type="checkbox"/>	2. Has required potable water	<input checked="" type="checkbox"/> <input type="checkbox"/>	7. Is structurally sound, in good repair and adequately maintained
<input checked="" type="checkbox"/> <input type="checkbox"/>	3. Has required kitchen facilities	<input checked="" type="checkbox"/> <input type="checkbox"/>	8. Has required safe means of egress
<input checked="" type="checkbox"/> <input type="checkbox"/>	4. Has required heating system	<input checked="" type="checkbox"/> <input type="checkbox"/>	9. Has required habitable floor space
<input checked="" type="checkbox"/> <input type="checkbox"/>	5. Has required bathroom facilities		
Comments: This home is in very good condition and is close to the displace current home and family.			
The dwelling at the address above has been inspected and in my opinion meets the standards for decent, safe and sanitary housing.			
7/6/2021 Date of Inspection		<i>Saurie Miller</i> Inspected By - Signature	

Replacement Housing Standards

A **decent, safe and sanitary dwelling** is any dwelling which meets the applicable housing and occupancy codes for the area in which the dwelling is located. However, if any of the following are not met by the applicable code, such following standards shall apply. The dwelling shall:

1. Be structurally sound, weathertight, and in good repair and shall contain a safe electrical wiring system adequate for lighting and other customary electrical devices. A replacement dwelling may reflect some physical defects and deferred maintenance if the flaws are easily correctable and do not threaten the general fitness, functional condition or habitability of the structure.
2. Contain a heating system capable of sustaining a healthful temperature (of approximately 70 degrees) for a displaced person, except in those areas where local climatic conditions do not require such a system.
3. Be adequate in size with respect to the number of rooms and area of living space needed to accommodate the displaced person. There shall be a separate, well lighted and ventilated bathroom that provides privacy to the user and contains a sink, bathtub or shower stall, and a toilet, all in good working order and properly connected to appropriate sources of water and to a sewage drainage system. In the case of a housekeeping dwelling, there shall be a kitchen area that contains a fully usable sink, properly connected to potable hot and cold water and to a sewage drainage system, and adequate space and utility service connections for a stove and refrigerator.
4. Contains unobstructed egress to safe, open space at ground level. If the replacement dwelling unit is on the second story or above, with access directly from or through a common corridor, the common corridor must have at least two means of egress.
5. For a handicapped displacee, be free of any barriers which would preclude reasonable ingress, egress, or use of the dwelling by such a displaced person.



PROMULGATED BY THE TEXAS REAL ESTATE COMMISSION (TREC)
ONE TO FOUR FAMILY RESIDENTIAL CONTRACT (RESALE)

NOTICE: Not For Use For Condominium Transactions

11-10-2020



1. **PARTIES:** The parties to this contract are Ara Tally, Billy Tally (Seller) and Fidel Garcia Loza (Buyer). Seller agrees to sell and convey to Buyer and Buyer agrees to buy from Seller the Property defined below.
2. **PROPERTY:** The land, improvements and accessories are collectively referred to as the Property (Property).
 - A. LAND: Lot _____ Block _____, AW0052-BURLESON,SUR, R. SUR., ACRES 3.112 Addition, City of Liberty Hill, County of WILLIAMSON, Texas, known as 78642 (address/zip code), or as described on attached exhibit.
 - B. IMPROVEMENTS: The house, garage and all other fixtures and improvements attached to the above-described real property, including without limitation, the following **permanently installed and built-in items**, if any: all equipment and appliances, valances, screens, shutters, awnings, wall-to-wall carpeting, mirrors, ceiling fans, attic fans, mail boxes, television antennas, mounts and brackets for televisions and speakers, heating and air-conditioning units, security and fire detection equipment, wiring, plumbing and lighting fixtures, chandeliers, water softener system, kitchen equipment, garage door openers, cleaning equipment, shrubbery, landscaping, outdoor cooking equipment, and all other property attached to the above described real property.
 - C. ACCESSORIES: The following described related accessories, if any: window air conditioning units, stove, fireplace screens, curtains and rods, blinds, window shades, draperies and rods, door keys, mailbox keys, above ground pool, swimming pool equipment and maintenance accessories, artificial fireplace logs, security systems that are not fixtures, and controls for: (i) garage doors, (ii) entry gates, and (iii) other improvements and accessories. "Controls" includes Seller's transferable rights to the (i) software and applications used to access and control improvements or accessories, and (ii) hardware used solely to control improvements or accessories.
 - D. EXCLUSIONS: The following improvements and accessories will be retained by Seller and must be removed prior to delivery of possession: NA
 - E. RESERVATIONS: Any reservation for oil, gas, or other minerals, water, timber, or other interests is made in accordance with an attached addendum.
3. **SALES PRICE:**
 - A. Cash portion of Sales Price payable by Buyer at closing \$ 575,000.00
 - B. Sum of all financing described in the attached: ☐ Third Party Financing Addendum, ☐ Loan Assumption Addendum, ☐ Seller Financing Addendum \$ _____
 - C. Sales Price (Sum of A and B) \$ 575,000.00
4. **LEASES:** Except as disclosed in this contract, Seller is not aware of any leases affecting the Property. After the Effective Date, Seller may not, without Buyer's written consent, create a new lease, amend any existing lease, or convey any interest in the Property. (Check all applicable boxes)
 - ☐ A. RESIDENTIAL LEASES: The Property is subject to one or more residential leases and the Addendum Regarding Residential Leases is attached to this contract.
 - ☐ B. FIXTURE LEASES: Fixtures on the Property are subject to one or more fixture leases (for example, solar panels, propane tanks, water softener, security system) and the Addendum Regarding Fixture Leases is attached to this contract.
 - ☐ C. NATURAL RESOURCE LEASES: "Natural Resource Lease" means an existing oil and gas, mineral, water, wind, or other natural resource lease affecting the Property to which Seller is a party.
 - ☐ (1) Seller has delivered to Buyer a copy of all the Natural Resource Leases.
 - ☐ (2) Seller has not delivered to Buyer a copy of all the Natural Resource Leases. Seller shall provide to Buyer a copy of all the Natural Resource Leases within 3 days after the Effective Date. Buyer may terminate the contract within _____ days after the date the Buyer receives all the Natural Resource Leases and the earnest money shall be refunded to Buyer.

Initialed for identification by Buyer

[Signature]

and Seller

[Signature]

TREC NO. 20-15

SUPPLEMENTAL PAYMENT ESTIMATE - REPLACEMENT HOUSING

Print or Type All Information										
Displacee's Name: Fidel Loza				ROW CSJ: N/A			Project No.: N/A			
				Parcel No.: N/A			Highway No.: N/A			
				Unit or Bldg. No.:						
				First Offer in Negotiations (Date): 6/9/2021						
				Occupancy Since (Date): 4/1/2016			County: Williamson			
Type Supplement: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> 180-day Owner <input type="checkbox"/> Revised <input type="checkbox"/> 90-day Occupant <input checked="" type="checkbox"/> Last Resort <input type="checkbox"/> Late Occupants				Property From Which Displaced: <input checked="" type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home Site <input type="checkbox"/> Apartment <input type="checkbox"/> Other: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex						
<input type="checkbox"/> Utilities in Subject Rent <input type="checkbox"/> Utilities Not in Subject Rent				Monthly Gross Income: \$ X 30% = \$						
Replacement Property Data										
* Denotes Selected Replacement Property										
Property No.	Total Rooms	No. Bdr.	Apprx. Sq. Ft.	Age	Quality	Cond.	Yd. Imp.	Index	Probable Sales Price	Rental Cost
01	7	4	2,636	9	23	3	3	38	\$650,000	
02	7	3	2,143	9	22	3	3	37	\$515,000	
*03	7	3	1,873	7	21	3	3	34	\$575,000	
Subject	6	2	1,245	8	13	3	3	24		
Replacement Housing Supplement										
Replacement Cost \$575,000.00 Subject Value \$345,000.00 Supplement \$230,000.00										
Rent Supplement										
Actual Rent \$ <u> x 42 </u> \$		Fair Market Rent \$ <u> x 42 </u> \$		Gross Income \$ <u> x 42 </u> \$		Replacement Cost Supplement \$ <u> x 42 </u> \$ Supplement = \$				

Total number of displaced persons: 1.

List name, age, gender and relationship of household occupants other than displacee(s) named on page 1.

Name of Household Occupant(s):	Age:	Gender:	Relationship to Displacee:

Remarks: (Use extra page if necessary)

The subject whole property consists of 2.364 acres of land. Williamson County is acquiring the 2.364 acres. The entire tract is currently being used for residential purposes and is improved with a 1,245 square foot single-story single-family residence. The residence was constructed in 2012 and contains a living room, dining room, kitchen, 2 bedrooms, 2 bathrooms, laundry room and is occupied by Fidel Loza. Mr. Loza is a military veteran, and he does not pay any taxes.

I searched the area for comps near the subject however, the real estate market is very strong, and inventory moves very fast so I expanded my search up to the 50 mile radius. Homes are selling as quick as one day.

Searching for a comparable home that is identical to the subject is a little hard. Two-bedroom homes are difficult to find along with the size of the property together. The displacees have requested to remain as close as possible to their current home because of family.

The homes that I am finding tend to be larger and sometimes have more land. I was able to find three comparable homes that are functionally equivalent to that of the subject property

All three comparables could be selected because all three comparables are similar in size +/- and layout:

Comparable # 01- It is in Burnet, TX., 41 miles from their current location. This is a 4-bedroom, 2-bathroom, 2,636 SF home and sits on 1 acres. This home was not selected because of the size of the home and the lack of acreage.

Comparable # 02 – Is located in Burnet, TX., 30 miles from the current location. This is a 3-bedroom, 2.5 bath, 2,143 SF home that sits on 5 acres of land. This home was not selected simple because of the size of the home and the distance of the home from the subject.

***Comparable # 03 – Is located in Liberty Hill, TX., 5 miles from the current location. This home is a 3-bedroom, 2 bathrooms, 1,873 SF of living space, 2 car attached garage and sits on 3.12 acres. This home is selected as most comparable because the homes layout out is similar, and the acreage is closest to the subject. I do not feel that it is necessary to do any carveouts on this property because the 2-shed is being replaced by the 2-car attached garage.**

Because the real estate market is so competitive and inventory is moving so quickly, we are requesting approval of this Replacement Housing Supplement in the amount of \$230,000.00 under Last Resort Housing.

The supplemental payment(s) on page 1 have been determined by me and are to be used in connection with a federal-aid highway project. The replacement housing used for these supplement computations are certified to be fair housing open to all persons regardless of race, color, religion, age, sex, national origin or handicap and consistent with the requirements of Title VIII of the Civil Rights Act of 1968. I have no direct nor indirect, present or contemplated interest in this transaction nor will I derive any benefit from the supplemental payment.

Prepared by:

Laurie Miller
(signature)
Laurie Miller
(print name)
Right of Way Agent

6/28/2021
Date

Recommended Approval:

Lisa Dworaczyk
(signature)
Lisa Dworaczyk
(print name)
Williamson County Right of Way Project Manager

6/29/21
Date

Approval by:

(signature)

(print name)
Project Delivery Supervisor/Manager

Date

Williamson County Use Only

Compliance Reviewed by:

(signature)

(print name)
Williamson County Relocation Reviewer

Date



RELOCATION ADVISORY ASSISTANCE - PARCEL RECORD

Use Separate Form for Each Displaced Family Unit or Business/Farm/Non-Profit (Print or Type All Information)				
Displacee's Name (Include Spouse's Name): <u>Fidel Loza</u>		ROW CSJ: Parcel No:	County: Project No.:	
Original Address (Place of Displacement): 929 Stubberfield Lan Liberty Hill, TX 78642		New Address:		
Phone No.: Site or Apt. No.:		Phone No.: Site or Apt. No.:		
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ADA Considerations / Special Needs No	Ethnic Code: <input type="checkbox"/> White <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		
Fee Interest Before Displacement: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		Fee Interest After Relocation: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		
Existing Lease		Replacement Lease		
Date Signed: N/A		Date Signed: N/A		
Duration: N/A		Duration: N/A		
Lease Amount \$: N/A		Lease Amount \$: N/A		
Utilities included? <input type="checkbox"/> Yes <input type="checkbox"/> No		Utilities included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Farm or Nonprofit Organization				
Type of Activity: N/A		<input type="checkbox"/> Continued <input type="checkbox"/> Terminated		
Last two years income: Year 1: \$		Year 2: \$		
Residential Displacements				
Type of Property (Single Detached, Multi-Family, etc.) Single Family Residence		Number of Persons Actually Living in Dwelling: 1		
Age/Sex/Relationship of Other Household Occupants:				
Total Number of Rooms in Subject: <u>5</u>	Number of Bedrooms: <u>2</u>	Number of Bathrooms: <u>2</u>	Number of Rooms Occupied: <u>5</u>	Living Space (Sq. ft.): 1245
Displacee Income:				
1. Occupation (Where & What): <u>Retired</u>		3. Other sources of eligible income: <u>N/A</u>		
2. Gross Last 12 Months: \$		4. Welfare (Source & Amounts): <u>N/A</u>		
The information contained within this form is being collected to allow the Agency to provide the best possible advisory services and to help identify all possible relocation benefits the displacee(s) is/are eligible for. By signing below I certify, to the best of my knowledge, that all the foregoing information is current and accurate and that no information has been withheld or omitted.				
Displacee Signature: <u>Fidel G. Loza</u>		Date: <u>09-25-21</u>		
Displacee Name (printed): <u>Fidel G. Loza</u>		Title: <u>Property Owner</u>		
Relocation Agent Use Only				
Reason displacee verification not included:			Date move plan received/approved:	
Relocation Agents' Signature: <u>Laurie Miller</u>			Date: <u>9-25-21</u>	
Relocation Agents' Name (printed): <u>Laurie Miller</u>				
The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Government Code, you also are entitled to receive and review this information. Under Section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.				

CERTIFICATION OF ELIGIBILITY

ROW CSJ: *N/A*
Parcel: *Park*
Displacee: *Fidel Loza*

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.

Fidel Loza
Claimant

Date: *06-25-21*

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:

Relocation Agent Use Only (continued)			
Date of Occupancy: 4/1/2016	Date Required to Move:	Actual Date of Move:	Distance of Move:
Date Notified of Availability of Relocation Payments and Assistance (Services): 6/25/2021			
Date Displacee Offered Assistance in Locating Replacement Housing or Operating Facility: 6/25/2021			
Name of Other Agencies Assisting in Relocation: N/A			
Date of 90 day notice:		Method used to determine eligibility:	
Date of 30 day notice:		Date of initiation of negotiations:	
Method used to verify income:		Translator needed?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Language of displacee: English	
Date and Substance of Follow-up Contacts (Use extra pages if necessary): 6/25/21 - Met with Mr. Loza along with Deborah Everett, Acquisition Agent, Mr. Loza's daughter, son and daughter in law and his real estate agent Ary Gray. I went over the relocation benefits, explained how the supplement comes about and has to be approved before they make an offer on any home. We discussed moving options and Mr. Loza has decided to use a commercial mover. I believe this meeting went well. It really helped that the real estate agent was there because she really could Mr. Loza to listen to her so that we made sure Mr. Loza and his family understood everything that was being explained. 6/26/21 - 7/6/21 - I have been talking with Ary Gray, Mr. Lozas real estate agent about a house that Mr. Loza is wanting to put a contract on. The contract has been completed and I have received a copy. The sellers are wanting a quick closing, so we are trying to make that happen.			