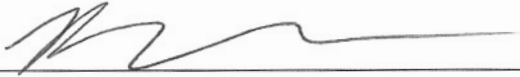


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES


1. Name of Claimant(s): Renee Cornelius	Parcel No.: 81		County: Williamson		
	Project: Corridor A-1 - Southeast Loop				
	4. Occupancy of Property Acquired by County: From: 2017 To: 01/31/2021				
	5. Controlling Dates		Mo.	Day	Yr.
2. Address of Property Acquired by County: 280 FM 3349 Taylor, Texas 76574 Apt. No.: N/A Site No.: N/A	a. First Offer in Negotiations		08	30	2019
	b. Date Property Acquired		10	15	2020
	c. Date Required to Move		01	26	2021
	6. Dwelling:(house, apartment, etc.) Mobile Home Trailer <input type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished				
3. Address Moved to: 280 FM 3349 Taylor, Texas 76574 Apt. No.: N/A Site No.: N/A	1) Number of Rooms:		1		
	2) Payment Schedule Amount:		\$600		
	3) Total Amount of Claim:		\$600		
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>06/23/21</u> Date of Claim		 Claimant			
<u>moved before</u> <u>01/26/2021</u>		Claimant			
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on: Date <u>10/07/2020</u> By: <u>Laura A. Nelson</u> Signature			9. Vacancy verified on: Date <u>See Attachment "A"</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:					
		Amount of \$600			
<u>07/19/2021</u> Date		<u>Laura A. Nelson</u> 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		
Dining Room		
Kitchen		
Family Room		
Bedroom		
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage		
Storage Room		
Attic		
Trailer Home Duplex, efficiency apartment	1	1
Total	1	1

Remarks: (Where totals in the two columns differ by line item explain in "Remarks")

The dwelling is a single-wide trailer home converted into 2 (two) single 366 sq ft studio apartments; a self-contained and/or efficiency apartment in which the functions of the living room, bedroom, and kitchen are combined into a single room.

Signed: 

Signed: Laura A Nelson



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		

Renee Cornelius 1 of 2

RELOCATION CHECKLIST

Project:

Parcel #

Address: 280 FM 3349 TAYLOR TX 76574

Names of Displacee's:

Renee Cornelius

512 663 8507

Contact Information

Phone:

Email:

Other Occupants Names, Ages and Relation:

Completed Certification of Eligibility for all displacee's: yes no

Completed R96: yes no

Occupancy Date: 2017

Type of Utilities: gas electric

OWNER OCCUPANT

Mortgage on property: yes no

TENANT OCCUPANT

Amount of rent: Monthly Rent \$ 1.00

Copy of lease agreement verbal - can be in writing if needed

Income information for each displacee and household:

- Name Renee Cornelius Monthly Income \$ 17.23 / hour / 40 hours
- Name Monthly Income \$

Income documents provided: yes no will ask HR to provide

Explained eligible relocation benefits.

- RHP or RAP
- Moving fixed room count actual cost commercial move

Acknowledged receipt of NOE

Send Displacee copies of all forms signed: date

Renee Cornelius 2012

CERTIFICATION OF ELIGIBILITY

ROW CSJ:

Parcel:

Displacee:

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: 03/17/20

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: