
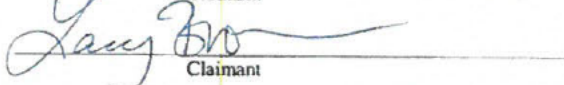
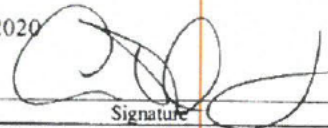




CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

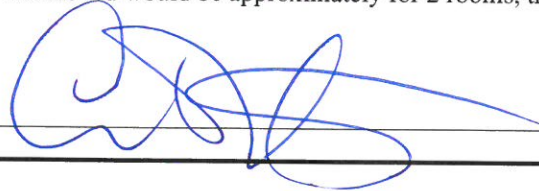
1. Name of Claimant(s): Brian Brown and Lacy Brown	Parcel No.: 68 County: Williamson Project: SE Loop 4. Occupancy of Property Acquired by County From (Date): 07-28-2015 To (Date of Move) 08-03-2021																
2. Address of Property Acquired by County: <div style="background-color: black; width: 100px; height: 20px;"></div>	<table border="1"> <tr> <th>5. Controlling Dates</th> <th>Mo.</th> <th>Day</th> <th>Yr.</th> </tr> <tr> <td>a. First Offer in Negotiations</td> <td>05</td> <td>15</td> <td>2020</td> </tr> <tr> <td>b. Date Property Acquired</td> <td>08</td> <td>03</td> <td>2021</td> </tr> <tr> <td>c. Date Required to Move</td> <td>10</td> <td>20</td> <td>2021</td> </tr> </table> 6. Dwelling:(house, apartment, etc.) SFR <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished	5. Controlling Dates	Mo.	Day	Yr.	a. First Offer in Negotiations	05	15	2020	b. Date Property Acquired	08	03	2021	c. Date Required to Move	10	20	2021
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a. First Offer in Negotiations	05	15	2020														
b. Date Property Acquired	08	03	2021														
c. Date Required to Move	10	20	2021														
3. Address Moved To: <div style="background-color: black; width: 100px; height: 20px;"></div>	(1) Number of Rooms: 7 (2) Payment Schedule Amount \$ 1,750.00 (3) Total Amount of Claim: \$ 1,750.00																
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> <u>10-8-2021</u> Date of Claim </div> <div>  Claimant  Claimant </div> </div>																	
Spaces Below to be Completed by County																	
8. Type occupancy and number of rooms verified prior to move on: Date: 6-16-2020 By:  Signature	9. Vacancy verified on: Date: 10-7-2021 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;"> <div> <u>10-11-2021</u> Date </div> <div> Amount of \$ 1,750.00  Relocation Agent </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> APPROVED _____ Date </div> <div> _____ Williamson County Judge </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	5	4
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage 2 car	1	0
Storage Room		
Attic		
Total	9	7

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

The displace abandoned several pieces of furniture and various personal property throughout the house. The amount of property not moved would be approximately for 2 rooms, therefore we are not counting 2 rooms as part of this move claim.

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

CERTIFICATION OF ELIGIBILITY

SE Loop
Parcel: 68
Displacee: Brian Brown

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: 10-08-2021

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:

CERTIFICATION OF ELIGIBILITY

SE Loop
Parcel: 68
Displacee: Lacy Brown

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: 10-08-2021

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: