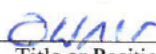
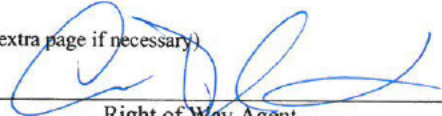


FIXED MOVING EXPENSE PAYMENT - BUSINESS, FARM OR NONPROFIT ORGANIZATION

Print or Type All Information - Read Rules on the Reverse Side

1. Applicant's Name: Renewed Life Finishing		Parcel No.: 335	County: Williamson									
		Project: RM 2243/Hero Way										
2. Applicant's Address: [REDACTED]		1. Name and Address of Business, Farm or Nonprofit Organization: Renewed Life Finishing [REDACTED]										
Telephone No.: [REDACTED]												
Email: [REDACTED]												
4. Occupancy of Property Acquired by Williamson County From (Date): 2011		To (Date Required to Move): 03/05/2024	☐ Owner Occupied ☒ Tenant Occupied									
5. Type Operation Business ☒ Farm ☐ Nonprofit ☐		Will Business, Farm, or Nonprofit be:										
Type of Business, Farm or Nonprofit Organization Cabinet Refinishing, Painter		<table border="0"> <tr> <td>a. Discontinued?</td> <td>Yes ☐</td> <td>No ☒</td> </tr> <tr> <td>b. Continued at a new location?</td> <td>☒</td> <td>☐</td> </tr> <tr> <td>c. If a business or nonprofit organization, is it part of an enterprise having not more than three (3) other establishments being acquired by the State, and which is engaged in the same or similar activity?</td> <td>☐</td> <td>☒</td> </tr> </table>		a. Discontinued?	Yes ☐	No ☒	b. Continued at a new location?	☒	☐	c. If a business or nonprofit organization, is it part of an enterprise having not more than three (3) other establishments being acquired by the State, and which is engaged in the same or similar activity?	☐	☒
a. Discontinued?	Yes ☐	No ☒										
b. Continued at a new location?	☒	☐										
c. If a business or nonprofit organization, is it part of an enterprise having not more than three (3) other establishments being acquired by the State, and which is engaged in the same or similar activity?	☐	☒										
Dates of Operation												
From: 2011	To: 03/05/2024											
6. Determination of entitlement for payment in lieu of moving expense and the amount to which the business, farm or nonprofit organization named above may be entitled to, if any, is requested for the reason(s) outlined in the attached statement. I understand this request and the attached documents shall become part of any claim for payment; and that other records needed for determination of eligibility shall be made available on request of Williamson County. I certify that all information attached hereto or included herein is true and correct.												
<u>3-8-24</u> Date of Request		 Signature of Applicant  Title or Position (Owner, Manager, Etc.)										
Space Below to be Completed by Williamson County												
I certify that I have examined the records made available by the above applicant(s) and have found the earnings to be as follows:												
2022, \$55,892.00; 2023, \$119,644.00; Average Annual Net Earnings: \$87,768.00												
Year												
<u>3-8-2024</u> Date	 Right of Way Agent											
I certify that I have examined this request for Determination of Entitlement and supporting documentation and:												
☒ Recommend a payment of \$40,000.00												
☐ Find that payment cannot be authorized because												
(List reasons payment cannot be authorized. Use extra page if necessary.)												
<u>3-8-2024</u> Date	 Right of Way Agent											
APPROVED												
 Date	 Williamson County Judge											

Rules

1. If applicant is not sole owner of the business or farm operation listed in Block No. 4, his or her title or position with the firm must be shown following his or her name in Block No. 7 (i.e., partner, president, general manager, etc.).
2. The applicant herein does not have to claim payment in lieu of actual moving expense if determined to be eligible, he or she may still claim actual moving, but not both.
3. This application is not a claim for payment. Claims for payment based on income in lieu of actual moving expense shall be accepted only when it has been determined that the applicant herein is eligible for such payment and the amount of such payment has been determined by Williamson County, Texas.
4. Businesses, farm operations and nonprofit organizations that are part of an enterprise having not more than three (3) other establishments not being acquired by Williamson County must attach the name(s) and address(es) of the other establishment(s) in their enterprise and describe the product, commodity or service provided.
5. A business which operates under a franchise, or as a consignee, or which operates one or more similar establishments must attach a statement giving the name and address of the franchisor or consignor and stating the nature of the business relationship.
6. Business and farm operators **must attach** copies of their **Federal Income Tax Returns** obtained from the **Internal Revenue Service Files** for the two taxable years immediately preceding the taxable year in which the displaced business or farm will be relocated. If the amount claimed does not exceed \$1,000, the business or farm owners may provide verifiable records (in lieu of their Income Tax Returns) to support the operational existence and earnings of their displaced businesses or farms. The tax returns and financial records must be sufficient to show the source of income and earnings of the displaced business or farm operation as follows:
 - a. The displaced activity:
 - (1) had average annual gross receipts of at least \$5,000; or
 - (2) had average annual net earnings of at least \$1,000; or
 - (3) contributed at least 33-1/3 percent of the owner's or operator's average annual gross income from all sources.
 - b. If individually owned, the compensation paid to the owner, his or her spouse, and dependents by the business or farm operation.
 - c. If a partnership, the compensation paid to the partners, their spouses, and dependents by the business or farm operation.
 - d. If a corporation, the corporate income tax returns and the income tax returns of the majority stockholder (if there is a majority stockholder), including any compensation paid to his spouse and dependents by the business or farm operation. Stock held by a husband or wife, his or her spouse and their dependent children shall be treated as one unit.
7. **Nonprofit** organizations **must attach** proof of their nonprofit status and of their operational existence.

**CLAIM FOR PAYMENT FIXED MOVING EXPENSE -
BUSINESS, FARM OR NONPROFIT ORGANIZATION**

Print or Type All Information				
1. Applicant's Name: Renewed Life Finishing	Parcel No.: 335	County: Williamson		
	Project: RM 2243/Hero Way			
2. Applicant's Address: 	3. Name and Address of Business, Farm or Nonprofit Organization: Renewed Life Finishing 			
Telephone No.: 512-837-5119				
4. Address Moved To (If Applicable): 	5. Controlling Date	Mo.	Day	Yr.
	a. First Offer in Negotiations	12	26	2023
	b. Date Property Acquired			
	c. Date Acquired Property Vacated	03	05	2024
	d. Date Required to Move	04	19	2024
6. Amount of Claim \$ 40,000.00				
7. Payment of this claim in the amount shown in Block 6 above is requested. I certify that I am the owner or authorized representative of the business, farm or nonprofit organization named above. I understand this claim for payment is based upon information previously submitted to Williamson County and that all such information is true and correct and part of this claim. I further certify that I have not submitted any claim for, or received reimbursement or compensation for, any item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim.				
By: Applicant's Signature Title or Position (Owner, Manager, Etc.) 3-8-24 Date of Claim 3-8-24 Date of Claim				
Space Below to be Completed by Williamson County				
I certify that I have examined this claim and the Request for Determination of Entitlement and have found it to be true and correct and to conform with the applicable provisions of State law. This claim is recommended for payment.				
3-8-2024 Date Right of Way Agent Date Williamson County Judge				

Because my business Renewed Life Finishing is being displaced by Williamson County for the Hero Way project and having to move my business to a new location and the fact that I will be shut down and for period of time in reestablishing my business at a new location, I will be losing a large portion of my existing customers.



Mark Bjork
Owner
Renewed Life Finishing

CERTIFICATION OF ELIGIBILITY

Project: *RM 2243/ Hero way*

Parcel: *335*

Displacee: *Renewed Life Finishing*

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:

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.

Michael B. [Signature]
Claimant

Date:

12.14.2023

Tom Umstattd, CPA
13276 Research Blvd. # 101
Austin, TX 78750
512-250-1090

To:

Danny Jackson

Project Manager

Right of Way of Texas, LLC

Dear Mr. Jackson,

The attached tax returns for Mark and Heidi Bjork for tax years 2022 and 2023 were prepared by Aaron Lerma, CPA as an employee of the firm Tom Umstattd, CPA. They were electronically submitted to the IRS by our business associate via Taxes TX LLC (which is not a CPA firm). The attached returns are true and correct copies of the returns that were filed with the IRS for Mark and Heidi Bjork and Renewed Life Finishing.

Sincerely,

Aaron Lerma, CPA

Date: 2-23-2024



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): Mark & Heidi Bjork		Parcel No.: 335		County: Williamson Project: Hero way	
Original Address (Place of Displacement): [REDACTED]		New Address: [REDACTED]			
Phone No.: [REDACTED]		Phone No.: Site or Apt. No.: [REDACTED]			
Gender: ☐ Male ☐ Female	ADA Considerations / Special Needs: None		Ethnic Code: ☒ White ☐ Hispanic ☐ American Indian/Alaskan Native ☐ Black ☐ Asian or Pacific Islander ☐ Other		
Fee Interest Before Displacement: ☐ Owner ☒ Tenant			Fee Interest After Relocation: ☒ Owner ☐ Tenant		
Existing Lease			Replacement Lease		
Date signed:			Date signed:		
Duration: Month to month			Duration:		
Lease amount: \$ 1000/mo			Lease amount: \$		
Utilities included? ☐ yes ☒ no			Utilities included? ☐ yes ☐ no		
Business, Farm or Nonprofit Organization					
Type of Activity: Cabinet refinishing					☒ Continued ☐ Terminated
Last two years income: Year 1: \$		Year 2: \$			
Residential Displacements					
Type of Property (Single Detached, Multi-Family, etc.): SFR		Number of Persons Actually Living in Dwelling: 6			
Age/Sex/Relationship of Other Household Occupants: 20/male/son 14/male/son 17/male/son 12/male/son					
Total Number of Rooms in Subject: 9	Number of Bedrooms: 4	Number of Bathrooms: 3	Number of Rooms Occupied: 9	Living Space (Sq. ft.): 1700	
Displacee Income:					
1. Occupation (Where & What): Self		3. Other sources of eligible income: None			
2. Gross Last 12 Months \$ 5000/mo		4. Welfare (Source & Amounts): None			
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: [Signature]		Date: 12-14-23			
Displacee Name (printed):		Title:			
Relocation Agent Use Only					
Reason displacee verification not included:			Date move plan received/approved:		
Relocation Agent's Signature: [Signature]			Date: 12-14-2023		
Relocation Agents' Name (printed): Charles Daniel Jackson					
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.					

Relocation Agent Use Only (continued)

Date of Occupancy: <i>2011</i>	Date Required to Move:	Actual Date of Move:	Distance of Move:
Date Notified of Availability of Relocation Payments and Assistance (Services):			
Date Displacee Offered Assistance in Locating Replacement Housing or Operating Facility:			
Name of Other Agencies Assisting in Relocation:			
Date of 90 day notice:		Method used to verify certificate of eligibility:	
Date of 30 day notice:		Date of initiation of negotiations: <i>12-26-2003</i>	
Method used to verify income:		Translator needed? ☐ Yes ☒ No: Language of displacee:	

Date and Substance of Follow-up Contacts (Use extra pages if necessary):

See attached Contact Notes.

Contact Notes

Project Hero Way/RM2243

Parcel 335

Name Mark Bjork and Heidi Bjork

Date	Comments
10-6-22	Met with appraiser to inspect property, met with displacee to obtain preliminary information.
	Mark Bjork Heidi Bjork
12-14-23	Met with Mark and Heidi Bjork to parcel to discuss their relocation benefits. They are a residential tenant; Mark Bjork also operates his business on this parcel so they are also eligible as a business displacee. I explained the eligibility for a rental supplement and moving I tole them I would be preparing a rent supplement.
	I also explained their eligibility as a business displacee, reestablishment, searching and moving and also fixed move. Mr. Bjork is currently looking for a replacement location for his business which is cabinet refinishing.
12/26/23 01/16/24 01/18/24	IOL sent to Property owner. Rent supplement completed and sent to Sheets and Crossfield for review and approval. Rent supplement approved.
01/19/24 01/30/24	90 day residential letter sent. 90 day business letter sent. Called Mark Bjork to follow up on 90 day letters. They have got a realtor and re currently looing for a replacement dwelling. He is also looking for a replacement location for his business.
02/16/24	I met with Mark Bjork at a possible replacement location for his business. I went over his business relocation options with him again because of the displacement and because of the down time and moving of his business he is thinking about doing a in Liew of payment, I explained what I needed and he was going to have his CPA contact me to provide the needed documents.
02/22/24 02/26/24 02/27/24 3-6-24	I spoke with Mr. Bjork's CPA and explained what was needed and he was going to mail documents. Mark and Heidi Bjork have decided to find a and purchase a replacement house in place of renting . DS&S inspection for Bjork's replacement dwelling. Prepared claim documents and sent to Mark and Heidi Bjork for signatures.
02/28/24 3-7-24	Sent down payment claim to Sheets and Crossfield for review, approval and payment.