

CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): <div style="font-size: 1.2em; color: blue;">Kristina Robles</div>	Parcel No.: 333	County: Williamson			
	Project: FM 2243/Hero Way				
	4. Occupancy of Property Acquired by Williamson County				
	From (Date): 05-01-2021		To (Date of Move): 08-25-2025		
2. Address of Property Acquired by State: 3499 Hero Way Leander, Texas 78641	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		11	07	2023
	b. Date Property Acquired		04	29	2025
	c. Date Required to Move		06	07	2025
	6. Dwelling: (house, apartment, etc.) <input type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished				
3. Address Moved To: <div style="background-color: black; width: 100%; height: 60px; margin-top: 5px;"></div>	(1) Number of Rooms: 6 (2) Payment Schedule Amount \$ 1,600.00 (3) Total Amount of Claim: \$ 1,600.00				
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="font-size: 1.2em; color: blue;">Aug 26, 2025</div> <div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 2px;">Date of Claim</div>		<div style="font-size: 1.2em; color: blue;"> </div> <div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 2px;">Claimant</div>			
<div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 2px;">Claimant</div>					
Spaces Below to be Completed by State					
8. Type occupancy and number of rooms verified prior to move on: Date: 08-19-2025 By: <div style="font-size: 1.2em; color: blue;">Mike K HQ</div> <div style="text-align: center; font-size: 0.8em;">Signature</div>			9. Vacancy verified on: Date: 8/26/2025 By: <div style="font-size: 1.2em; color: blue;">Mike K HQ</div> <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 \$ 1,600.00					
_____ Date			_____ County Judge, Williamson County		

RIGHT OF WAY OF TEXAS, LLC

3411 SAM BASS ROAD, ROUND ROCK, TEXAS 78681
(O) (512) 372.6220

DATE: August 28, 2025

TO: Lisa Dworaczyk, Sheets and Crossfield

FROM: Mike Knott, Right of Way of Texas

SUBJECT: Relocation – Fixed Moving Expense Payment (Tenant Displacee)

PROJECT: Williamson County: FM2243/Hero Way

PARCEL: 333

Forms and Documentation Included:

- Claim Form for Fixed Moving Expenses
- Certification of Eligibility
- Release of Property
- IRS Form W-9
- Room Count Documentation
- Personal Property Displacement Photos
- Vacancy Photos
- Photos of Relocated Personal Property

REMARKS

This submission requests reimbursement for **Fixed Moving Expenses** on behalf of a **tenant displacee** at Parcel 333, WILCO Hero Way Project.

The residence consisted of **6 rooms in total**:

- 3 bedrooms
- 1 living room
- 1 den
- 1 kitchen

According to **Moving Expense Schedule A & B** for an **Unfurnished Unit**, the reimbursement amount for **6 rooms** is **\$1,600.00**.

The tenant elected the fixed schedule option, and the attached claim form and supporting documentation confirm the room count and displacement. Additional attachments include the eligibility certification, release of property, IRS W-9, and photographic evidence of displacement, vacancy, and relocated personal property.

This claim represents an eligible **Fixed Moving Expense Payment** under the Relocation Assistance Program and is submitted for reimbursement review.

If you have any questions or need additional information, please do not hesitate to contact me at **(512) 903-5083**.

CERTIFICATION OF ELIGIBILITY

Project: FM 2243/Hero Way

Parcel: 333

Displacee: Kristina Elie Robles

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: Aug 26, 2025

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.

N/A

Claimant

Date:

RIGHT OF WAY OF TEXAS, LLC

3411 SAM BASS ROAD, ROUND ROCK, TEXAS 78681
(O) (512) 372.6220 (F) (512) 372.6221

PROJECT FM 2243/Hero Way
PARCEL 333
COUNTY Williamson

RELEASE OF PROPERTY

This is to notify Williamson County that Kristina Robles have vacated the property described as parcel 333 on the above referenced project, and relinquish all rights to the property, real or personal, left on this parcel.


Displacee Signature


Displacee Name, Printed


Date

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	4	4
Kitchen	1	1
Family Room		
Bedroom	3	3
Study		
Kitchen-Den		
Living Room-Den	1	1
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage		
Storage Room		
Attic		
Total	6	6
Remarks: (Where totals in the two columns differ by line item explain in "Remarks") Signed <u>Mike Ketter</u>		

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

3br
1 LR
1 kit
1 Den