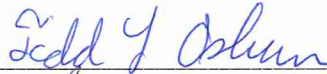
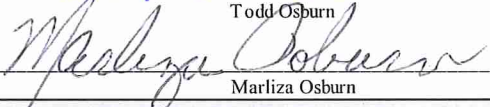
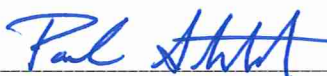
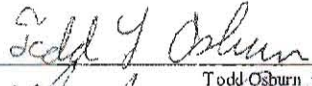
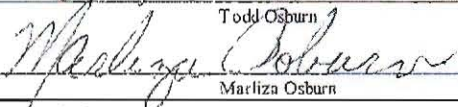
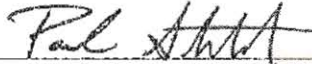
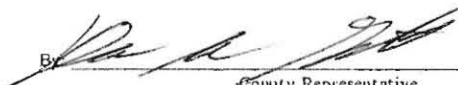


## CLAIM FOR PAYMENT OF HOUSING SUPPLEMENT

| Completed by Claimant  |     |     |   |  |  |
|--|-----|-----|---|--|--|
| 1. Name of Claimant(s):<br>Todd and Marliza Osburn   |     |     | Parcel No.: 39-S  | County: Williamson   |  |
|  |     |     | Project No.: CR 110   |  |  |
| 2. Property Acquired by County through<br><input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Condemnation<br>Address:<br>7201 CR 110, Round Rock, Texas 78665  |     |     | 3. Replacement Housing Address:<br>109 Buckboard, Liberty Hill, Texas 78642   |  |  |
| 4. Occupancy of County-Acquired Property From:<br><input checked="" type="checkbox"/> Owner-Occupant <input type="checkbox"/> Tenant<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Apartment<br><input type="checkbox"/> Mobile Home <input type="checkbox"/> Sleeping Room  |     |     | 5. Replacement Housing Data<br>Purchase Price of Replacement Dwelling:<br>\$395,000.00  |  |  |
| 6. Controlling Dates   | Mo. | Day | Yr.   | 7. Type and Amount of Claim:<br><br>a. Housing Supplement: \$127,500.00<br><br>b. Down Payment: \$ |  |
| a. First Offer in Negotiations   | 10  | 22  | 2015  |  |  |
| b. Date Property Acquired  | 12  | 18  | 2015  |  |  |
| c. Date Required to Move   | 02  | 05  | 2016  |  |  |
| 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. |     |     |   |  |  |
| <u>1/15/16</u><br>Date of Claim  |     |     | <div style="text-align: center;"> <br/>                         Todd Osburn                     </div> <div style="text-align: center;"> <br/>                         Marliza Osburn                     </div> |  |  |
| Completed by County Representative   |     |     |   |  |  |
| The dwelling at the address under Block 3 above has been inspected and meets the standards for decent, safe and sanitary housing.  |     |     |   |  |  |
| <u>1. 14. 16</u><br>Date of Inspection   |     |     | <div style="text-align: center;"> <br/>                         Inspected by Paul Starkel, HDR                     </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 shown herein is correct. This claim is recommended for payment as follows:<br><br>Amount of \$127,500.00                                     |     |     |   |  |  |
| Date: _____  |     |     | By: _____<br>County Representative  |  |  |

# CLAIM FOR PAYMENT OF HOUSING SUPPLEMENT

| Completed by Claimant  |     |  |      |  |
|--|-----|--|------|--|
| 1. Name of Claimant(s):<br>Todd and Marliza Osburn   |     | Parcel No.: 39-S   |      | County: Williamson   |
|  |     |  |      | Project No.: CR 110  |
| 2. Property Acquired by County through<br><input checked="" type="checkbox"/> Negotiation <input type="checkbox"/> Condemnation<br>Address:<br>7201 CR 110, Round Rock, Texas 78665  |     | 3. Replacement Housing Address:<br>109 Buckboard, Liberty Hill, Texas 78642  |      |  |
| 4. Occupancy of County-Acquired Property From:<br><input checked="" type="checkbox"/> Owner-Occupant <input type="checkbox"/> Tenant<br><input checked="" type="checkbox"/> House <input type="checkbox"/> Apartment<br><input type="checkbox"/> Mobile Home <input type="checkbox"/> Sleeping Room  |     | 5. Replacement Housing Data<br>Purchase Price of Replacement Dwelling:<br>\$395,000.00   |      |  |
| 6. Controlling Dates   | Mo. | Day  | Yr.  | 7. Type and Amount of Claim:<br><br>a. Housing Supplement: \$127,500.00<br><br>b. Down Payment: \$ |
| a. First Offer in Negotiations   | 10  | 22   | 2015 |  |
| b. Date Property Acquired  | 12  | 18   | 2015 |  |
| c. Date Required to Move   | 02  | 05   | 2016 |  |
| 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. |     |  |      |  |
| 11/15/16<br>Date of Claim  |     | <br><br>Todd Osburn<br>Marliza Osburn |      |  |
| Completed by County Representative   |     |  |      |  |
| The dwelling at the address under Block 3 above has been inspected and meets the standards for decent, safe and sanitary housing.  |     |  |      |  |
| 1. 14. 16<br>Date of Inspection  |     | <br>Inspected by Paul Starkel, HDR   |      |  |
| 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 \$127,500.00   |     |  |      |  |
| Date: 01-26-2016   |     | <br>County Representative  |      |  |

**To:** Williamson County

**From:** Todd and Marliza Osburn

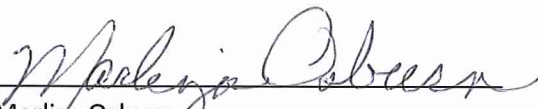
**Address:** 7201 CR 110, Round Rock, Texas 78665

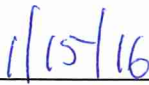
**Parcel:** 39-S

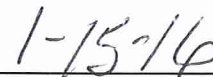
**RE:** Advanced Payment Request for Housing Supplement

We, Todd Osburn and Marliza Osburn, request our Housing Supplement in the amount of \$127,500.00 be paid as an advanced payment. In order to avoid a financial hardship, we will need this payment at the time of closing to purchase the replacement property.

  
\_\_\_\_\_  
Todd Osburn

  
\_\_\_\_\_  
Marliza Osburn

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

## SUPPLEMENTAL PAYMENT ESTIMATE - REPLACEMENT HOUSING

| Print or Type All Information  |             |          |  |  |         |  |                        |       |   |             |
|--|-------------|----------|--|--|---------|--|------------------------|-------|---|-------------|
| Displacee's Name:<br><br>Marliza and Todd Osburn   |             |          |  | ROW CSJ: N/A   |         |  | Project No.: CR 110    |       |   |             |
|  |             |          |  | Parcel No.: 39   |         |  | Unit or Bldg. No.: N/A |       |   |             |
|  |             |          |  | First Offer in Negotiations (Date): N/A  |         |  |                        |       |   |             |
|  |             |          |  | Occupancy Since (Date):  |         |  | County: Williamson     |       |   |             |
| <b>Type Supplement:</b><br><input type="checkbox"/> Normal <input checked="" type="checkbox"/> 180-day Owner<br><input type="checkbox"/> Revised <input type="checkbox"/> 90-day Occupant<br><input checked="" type="checkbox"/> Last Resort <input type="checkbox"/> Late Occupants |             |          |  | <b>Property From Which Displaced:</b><br><input checked="" type="checkbox"/> Single Family Home <input type="checkbox"/> Mobile Home Site<br><input type="checkbox"/> Apartment <input type="checkbox"/> Other:<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Duplex |         |  |                        |       |   |             |
| <input type="checkbox"/> Utilities in Subject Rent <input type="checkbox"/> Utilities Not in Subject Rent  |             |          |  | <b>Monthly Gross Income:</b><br>\$ N/A    X 30% = \$   |         |  |                        |       |   |             |
| Replacement Property Data  |             |          |  |  |         |  |                        |       |   |             |
| * Denotes Selected Replacement Property  |             |          |  |  |         |  |                        |       |   |             |
| Property No.   | Total Rooms | No. Bdr. | Apprx. Sq. Ft.   | Age  | Quality | Cond.  | Yd. Imp.               | Index | Sales Price   | Rental Cost |
| 1  | 9           | 5        | 3,075  | 7  | 24      | 3  | 3                      | 37    | 379,000.00  |             |
| 2*   | 12          | 5        | 2,938  | 5  | 23      | 3  | 3                      | 34    | 399,000.00  |             |
| 3  | 9           | 5        | 3,084  | 8  | 24      | 3  | 3                      | 38    | 399,000.00  |             |
| Subject  | 9           | 5        | 2,569  | 3  | 22      | 3  | 3                      | 31    |   |             |
|  |             |          |  |  |         |  |                        |       |   |             |
|  |             |          |  |  |         |  |                        |       |   |             |
|  |             |          |  |  |         |  |                        |       |   |             |
|  |             |          |  |  |         |  |                        |       |   |             |
| Replacement Housing Supplement   |             |          |  |  |         |  |                        |       |   |             |
| Replacement Cost    \$399,000.00<br><br>Subject Value            \$267,500.00<br><br>Supplement               \$131,500.00   |             |          |  |  |         |  |                        |       |   |             |
| Rent Supplement  |             |          |  |  |         |  |                        |       |   |             |
| <b>Actual Rent</b><br>\$<br><u>  x 42  </u><br>\$  |             |          | <b>Fair Market Rent</b><br>\$<br><u>  x 42  </u><br>\$ |  |         | <b>Gross Income</b><br>\$<br><u>  x 42  </u><br>\$ |                        |       | <b>Replacement Cost Supplement</b><br>\$<br><u>  x 42  </u><br>\$ |             |
| Supplement = \$N/A   |             |          |  |  |         |  |                        |       |   |             |

The supplemental payment(s) 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.

Total number of displaced persons: 5. List age, sex and relationship of household occupants other than displacee(s) named on page 1.

Karen Kroeck – 73, Mother of Marliza Osburn

Karen Osburn – 22, Daughter

Jace – 15 months, Grandson

**Remarks: (Use extra page if necessary)**

See Attached Page

The supplemental payment(s) on page 1 have been determined by me and are to be used in connection with a <sup>County</sup> ~~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.

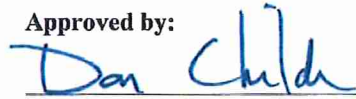
**Prepared by:**

 10/21/15  
Signature Date

**Reviewed by:**

 10/21/15  
Signature Date

**Approved by:**

 10.22.15  
Signature Date