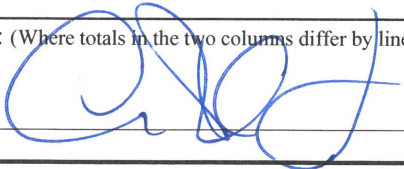


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

<p>1. Name of Claimant(s): Juan Carlos Guzman and Thelma Guzman</p>	<p>Parcel No.: <u>18</u></p>	<p>County: Williamson</p>						
		<p>Project: Corridor A-1 SE Loop</p>						
4. Occupancy of Property Acquired by County								
	<p>From (Date): <u>1-2015</u></p>	<p>To (Date of Move): 09-11-2020</p>						
5. Controlling Dates								
	a. First Offer in Negotiations	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>Mo.</th> <th>Day</th> <th>Yr.</th> </tr> <tr> <td>08</td> <td>30</td> <td>2019</td> </tr> </table>	Mo.	Day	Yr.	08	30	2019
Mo.	Day	Yr.						
08	30	2019						
<p>2. Address of Property Acquired by County: 102 Dana Drive Hutto, Texas 78634</p>	b. Date Property Acquired	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td><u>12</u></td> <td><u>18</u></td> <td><u>2019</u></td> </tr> </table>	<u>12</u>	<u>18</u>	<u>2019</u>			
	<u>12</u>	<u>18</u>	<u>2019</u>					
c. Date Required to Move	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>12</td> <td>18</td> <td>2020</td> </tr> </table>	12	18	2020				
12	18	2020						
6. Dwelling:(house, apartment, etc.)								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Owner-occupied <input checked="" type="checkbox"/> Tenant </div> <div> <input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Unfurnished </div> </div>								
<p>Apt. No.:</p>								
<p>3. Address Moved To: 108 Harlin Dr. Hutto, Texas 78634</p>	<p>(1) Number of Rooms: 8</p> <p>(2) Payment Schedule Amount \$ 1,900</p> <p>(3) Total Amount of Claim: \$ 1,900</p>							
<p>Apt. No.:</p>								
<p>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.</p>								
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p><u>9-11-20</u></p> <p>Date of Claim</p> </div> <div style="text-align: center;"> <p></p> <p>Claimant</p> <p></p> <p>Claimant</p> </div> </div>								
Spaces Below to be Completed by County								
<p>8. Type occupancy and number of rooms verified prior to move on:</p>	<p>9. Vacancy verified on:</p>							
<p>Date: <u>9-14-2019</u></p>	<p>Date: <u>9-11-2020</u></p>							
<p>By: </p> <p style="text-align: center;">Signature</p>	<p>By: </p> <p style="text-align: center;">Signature</p>							
<p>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.</p>								
<p>This claim is recommended for payment. This claim is recommended for payment as follows:</p>								
<p>Amount of \$ <u>1,900.00</u></p>								
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p><u>9-11-2020</u></p> <p>Date</p> </div> <div style="text-align: center;"> <p></p> <p>Relocation Agent</p> </div> </div>								
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p>APPROVED</p> <p><u>9/29/2020</u></p> <p>Date</p> </div> <div style="text-align: center;"> <p></p> <p>Williamson County Judge</p> </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	3	3
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage 2 car attached	1	1
Storage Room		
Attic		
Laundry Room	1	1
Total	8	8
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
Signed 		

Parcel 18
SE Loop
642min

Moving Expense Schedules A & B

A. UNFURNISHED UNITS - Occupant owns furniture.				
No. of Rooms	One	Two	Three	Four
Amount	\$600	\$800	\$1,000	\$1,200
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			

LR
DR
Kit
Bdrm (3)
Garage
Laundry
8 Roms

CERTIFICATION OF ELIGIBILITY

SE Loop

Parcel: 18

Displacee: Juan Guzman and Thelma Guzman

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: 9-14-19



Claimant

Date: 9/14/19

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: