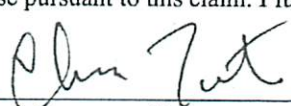
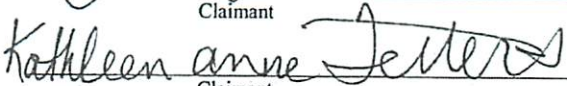




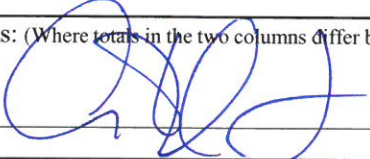


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Christopher Feters and Kathleen Feters	Parcel No.: 17	County: Williamson			
	Project: Corridor A-1 SE Loop				
	4. Occupancy of Property Acquired by County				
	From (Date): January 2001		To (Date of Move): 11-14-2020		
2. Address of Property Acquired by County: 104 Dana Drive Hutto, Texas 78643 Apt. No.:	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		04	20	2020
	b. Date Property Acquired		08	01	2020
	c. Date Required to Move		12	31	2020
3. Address Moved To: 308 Wind Hollow Drive Georgetown, Texas 78633 Apt. No.:	6. Dwelling: (house, apartment, etc.)				
	<input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Tenant		<input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Unfurnished		
		(1) Number of Rooms:		9	
		(2) Payment Schedule Amount		\$ 2,050.00	
		(3) Total Amount of Claim:		\$ 2,050.00	
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.					
<u>11-24-2020</u> Date of Claim		 Claimant			
 Claimant					
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on: Date: 2-2-2020 By:  Signature			9. Vacancy verified on: Date: <u>11-7-2020</u> 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:					
<u>12-11-2020</u> Date		Amount of \$ 2,050.00  Relocation Agent			
APPROVED <u>11/21/2021</u> Date		 Williamson County Judge-Residing Officer			

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 garage	1	1
Storage Room		
Attic		
Utility Room	1	1
Storage Building	1	1
Total	9	9
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
Signed 		

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
 Kit
 Din Rm
 36r
 Utility Rm
 Corrd
 Stage Bldg

9 Rooms ✓
 \$2050

CERTIFICATION OF ELIGIBILITY

SE Loop, Hutto

Parcel: 17

Displacee: Christopher Feters and Kathleen Feters

Individuals, Families and Unincorporated Businesses or Farming Operations

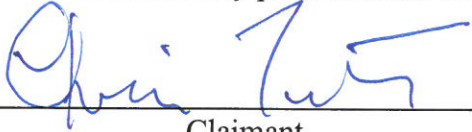
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

☒ 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: 11-24-2020



Claimant

Date: 11-24-2020

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: