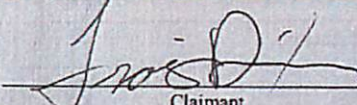
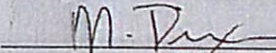
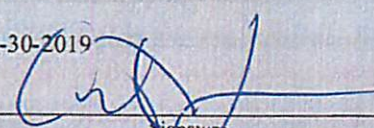
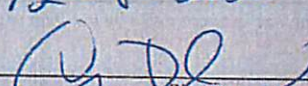

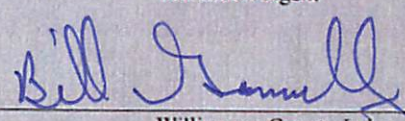
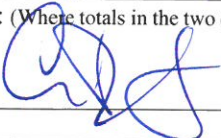


# CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Travis Dixon and Melissa Dixon	Parcel No.: 16	County: Williamson		
		Project: Corridor A-1 SE Loop		
	4. Occupancy of Property Acquired by County			
	From (Date): October 2017	To (Date of Move): 12-01-2020		
	5. Controlling Dates	Mo.	Day	Yr.
	a. First Offer in Negotiations	08	28	2019
2. Address of Property Acquired by County: 106 Dana Drive Hutto, Texas 78643	b. Date Property Acquired	01	31	2020
	c. Date Required to Move	01	30	2021
	6. Dwelling:(house, apartment, etc.)			
	<input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Tenant		<input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Unfurnished	
Apt. No.:				
3. Address Moved To: 1124 Almeria Bend Leander, Texas 78641	(1) Number of Rooms: 8			
	(2) Payment Schedule Amount \$ 1,900.00			
	(3) Total Amount of Claim: \$ 1,900.00			
Apt. No.:				
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>12/0/20</u> Date of Claim		 Claimant  Claimant		
<b>Spaces Below to be Completed by County</b>				
8. Type occupancy and number of rooms verified prior to move on:		9. Vacancy verified on:		
Date: 08-30-2019		Date: 12-8-2020		
By:  Signature		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:				
Amount of \$ 1,900.00				
<u>12-11-2020</u> Date		 Relocation Agent		
APPROVED <u>February 2, 2021</u> Date		 Williamson County Judge		



### 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		
<b>Others</b>		
Basement		
Garage 2 car attached garage	1	1
Storage Room		
Attic		
Utility Room	1	1
Storage Building		
<b>Total</b>	<b>8</b>	<b>8</b>
Remarks: (Where totals in the two columns differ by line item explain in "Remarks") <div style="display: flex; align-items: center;">                         Signed  </div>		

## CERTIFICATION OF ELIGIBILITY

Corridor A-1 SE Loop

Parcel: 16

Displacee: Travis Dixon and Melissa Dixon

### 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: 12/11/20

  
\_\_\_\_\_  
Claimant

Date: 12/11/20

### 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: