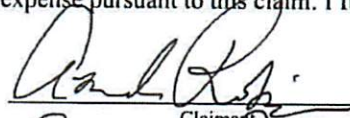
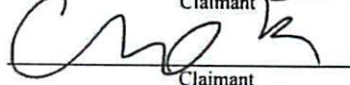

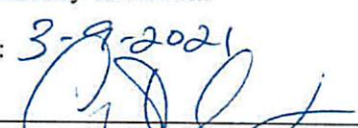
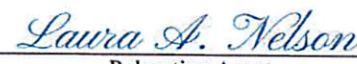

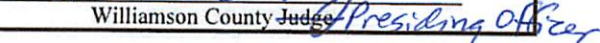


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Christopher and Amanda Robinson	Parcel No.: 19	County: Williamson			
	Project: Corridor A-1 SE Loop				
	4. Occupancy of Property Acquired by County				
	From 09/09/2016		To 02/28/2021		
2. Address of Property Acquired by County: 100 Dana Drive Hutto, Texas 78634	5. Controlling Dates		Mo.	Day	Yr.
	a. First Offer in Negotiations		04	17	2020
	b. Date Property Acquired		08	28	2020
	c. Date Required to Move		02	28	2021
3. Address Moved To: 308 Barley Fork Hutto, Texas 78634	6. Dwelling: House				
	<input checked="" type="checkbox"/> Owner-occupied		<input type="checkbox"/> Furnished		
	<input type="checkbox"/> Tenant		<input checked="" type="checkbox"/> Unfurnished		
	1) Number of Rooms: 10				
	2) Payment Schedule Amount: \$1,900 + \$300. 8 Fixed Room Count + 2 additional rooms				
	3) Total Amount of Claim: \$2,200				
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.					
02/05/2021 Date of Claim		 Claimant  Claimant			
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on:		9. Vacancy verified on:			
Date: 02/11/2020		Date: 3-9-2021			
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 \$2,200					
02/05/2021 Date		 Relocation Agent			
APPROVED		 Williamson County Judge			
3/16/2021 Date		 Presiding 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	0	0
Bedroom	4	4
Study	0	0
Kitchen-Den	0	0
Living Room-Den	0	0
Den	0	0
Living Room-Dining Room	0	0
Sleeping Room	0	0
Others		
Basement	0	0
Garage	1	1
Storage Room	0	0
Attic	0	0
Laundry Room	1	1
Storage Area – Backyard,	1	1
Total	10	10
Remarks: Items in the backyard consist of large mechanical items, automobiles, trampoline, outdoor grill, and boat. Signed <u>Laura A. Nelson</u>		

CERTIFICATION OF ELIGIBILITY

Project: Corridor A-1 | Southeast Loop
Parcel: 19
Displacee: Christopher and Amanda Robinson

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.

Amanda Robinson

Digitally signed by Amanda Robinson
DN: cn=Amanda Robinson, o=RCB, ou=Contracting/
Credentialing, email=arobinson@rcbilling.com, c=US
Date: 2021.01.07 14:26:35 -06'00'

Claimant

Date: 01/07/2021



Claimant

Date: 01/07/2021

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:

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				