CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

		Parcel N	No.: 81	County:	William	son	
	Name of Claimant(s): Michelle Cornelius	Project: Corridor A-1 - Southeast Loop					
1.		4. Occupancy of Property Acquired by County: From: 2017 To: 01/31/2021					
l		5. Cor	ntrolling Dates		Mo.	Day	Yr.
			First Offer in Negotia	tions	08	30	2019
2	Address of Property Acquired by County:	b.	Date Property Acquir	ed	10	15	2020
2.		C.	Date Required to Mov	ve	01	26	2021
	280 FM 3349 Taylor, Texas 76574		6. Dwelling:(house, apartment, etc.) Mobile Home Trailer				
	Apt. No.: N/A Site No.: N/A		Owner-occupied		Furni:		
_	*		Tenant		Unfur ∴	nished	
3.	Address Moved to:	1)	Number of Rooms:		1		
	280 FM 3349 Taylor, Texas 76574 Apt. No.: N/A Site No.: N/A	2) Payment Schedule Amount: \$600					
		3)	Total Amount of Clai	m:	\$600		
, , , , , , , , , , , , , , , , , , ,	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. Date of Claim Claimant Claimant						
	01/26/2021						
TQ E		be Comp	oleted by County				TIL B
8.	Type occupancy and number of rooms verified prior to move on:		/acancy verified on:		nent	"A"	
8.	Type occupancy and number of rooms verified prior to move on:	9. \			nent	"A"	
8.	Type occupancy and number of rooms verified prior to move on:	9. \	/acancy verified on: See Att		nent	"A"	
8.	Type occupancy and number of rooms verified prior to move on:	9. \	/acancy verified on:	tachn		"A"	
8.	Type occupancy and number of rooms verified prior to move on: Date 10/07/2020	9. \	/acancy verified on: See Att			"A"	
l co	Type occupancy and number of rooms verified prior to move on: Date 10/07/2020 By: Lawra A. Nelson Signature ertify that I have examined this claim and found it to consistance payments. I further certify the computation of this claim is recommended for payment. This claim is recommended.	9. Note to the payme	Vacancy verified on: See Att Date By: the applicable laws and nt and the information and for payment as follo	Signate d regulation as shown	ure ons gover	ming relo	cation
l co	Type occupancy and number of rooms verified prior to move on: Date 10/07/2020 By: Lawra A. Nelson Signature ertify that I have examined this claim and found it to consistance payments. I further certify the computation of this claim is recommended for payment. This claim is recommended.	9. Nonform to the payme	Acancy verified on: See Att Date By: the applicable laws and nt and the information and for payment as follo Cauva	Signate d regulation as shown	ons gover herein is	ming relo	ocation
l co	Type occupancy and number of rooms verified prior to move on: Date 10/07/2020 By: Laura A. Nelson Signature ertify that I have examined this claim and found it to consistance payments. I further certify the computation of the is claim is recommended for payment. This claim is recommended for payment. This claim is recommended for payment.	9. Nonform to the payme	Acancy verified on: See Att Date By: the applicable laws and nt and the information and for payment as follo Cauva	Signate d regulation as shown ws:	ons gover herein is	ming relo	ocation
l co	Type occupancy and number of rooms verified prior to move on: Date 10/07/2020 By: Lawra A. Nelson Signature ertify that I have examined this claim and found it to consistance payments. I further certify the computation of the sistence payment is recommended for payment. This claim is recommended for payment.	9. Nonform to the payme	Acancy verified on: See Att Date By: the applicable laws and nt and the information and for payment as follo Cauva	Signate d regulation as shown ws:	ons gover herein is	ming relo	ocation
l co	Type occupancy and number of rooms verified prior to move on: Date 10/07/2020 By: Laura A. Nelson Signature ertify that I have examined this claim and found it to consistance payments. I further certify the computation of the is claim is recommended for payment. This claim is recommended for payment. This claim is recommended for payment.	9. Nonform to the payme	Acancy verified on: See Att Date By: the applicable laws and nt and the information and for payment as follo Cauva	Signate d regulation as shown ws:	ons gover herein is	ming relo	ocation

Breakdown of Room Count Claim

Print or Type All Info	ormation	
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room		
Dining Room		
Kitchen		
Family Room		
Bedroom		
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others	-tois est en	
Basement		
Garage		
Storage Room		
Attic		
Trailor Home Duplex, efficiency apartment	1	1
Total	1	1

Remarks: (Where totals in the two columns differ by line item explain in "Remarks")

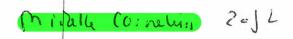
The dwelling is a single-wide trailer home converted into 2 (two) single 366 sq ft studio apartments; a self-contained and/or efficiency apartment in which the functions of the living room, bedroom, and kitchen are combined into a single room.

Signed:

Signed Laura A Nelson

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			



CERTIFICATION OF ELIGIBILITY

Parcel: 3 Displacee: Michelle Cornelius Individuals, Families and Unincorporated	Businesses or Farming Operations
and the second s	customers of Turning Specialisms
I certify that myself and any other party(ies) with a financare either:	cial interest in this relocation assistance claim
Citizens or Nationals of or	the United States
Aliens lawfully present	n the United States
* If an Alien lawfully present in the United States, suppor	ting documentation will be required.
+ Miles Carson Claimant	Date: 03/17/20
Claimant	Date:
Incorporated Business, Farm or N	onprofit Organizations
certify that I have signature authority for this entity and supplicable state's laws and authorized to conduct business	
Claimant	Date: