CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

		Parcel No.: 81 County: Williamson					
		Project: Corridor A-1 - Southeast Loop					
1.	Name of Claimant(s): Renee Cornelius	4. Occupancy of Property Acquired by County: From: 2017 To: 01/31/2021					
		5. Cont	trolling Dates		Mo.	Day	Yr.
		a.	First Offer in Negotia	tions	08	30	2019
2	Address of Property Acquired by County		Date Property Acquire		10	15	2020
2.	Address of Property Acquired by County:		Date Required to Mov		01	26	2021
	280 FM 3349	6. Dwe	elling:(house, apartmer	nt, etc.) M	lobile Ho	me Trail	er
	Taylor, Texas 76574 Apt. No.: N/A Site No.: N/A		Owner-occupied Furnished				
	•		Tenant		Unfur	mished	
3.	Address Moved to:	1)	Number of Rooms:		1		
	280 FM 3349 Taylor, Texas 76574	2)	Payment Schedule Ar	nount:	\$60	0	
	Apt. No.: N/A Site No.: N/A		Total Amount of Clair	m:	\$60	0	
7.	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. OU 123/21 Date of Claim Claimant Claimant						
	01/26/2021						
	Spaces Below to	be Comp					
8.							
8.	Type occupancy and number of rooms verified prior to move on: Date	9. V	leted by County		ent "A	"	
8.	Type occupancy and number of rooms verified prior to move on: Date	9. V	acancy verified on: See Atta		ent "A'	11	
8.	Type occupancy and number of rooms verified prior to move on:	9. V	leted by County acancy verified on: See Atta			"	
I ce ass	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 co istance payments. I further certify the computation of the is claim is recommended for payment. This claim is recommended for payment. This claim is recommended.	9. V D B	acancy verified on: See Atta atta y: the applicable laws and and the information at and the information at and for payment as follows	Signat I regulation as shown	ure ons gover herein is	ning relo correct.	
I co ass	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 co istance payments. I further certify the computation of the is claim is recommended for payment. This claim is recommended for payment.	9. V D B nform to the payment	acancy verified on: See Attace y: the applicable laws and and the information and the formation and the formation and the content and the c	Signat I regulation as shown	ons gover herein is	ning relo correct.	
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Breakdown of Room Count Claim

	Number of	Number of	
Room Description	Rooms in Unit	Rooms in Claim	
Living Room			
Dining Room			
Kitchen			
Family Room			
Bedroom			
Study			
Kitchen-Den	46.00		
Living Room-Den			
Den			
Living Room-Dining Room			
Sleeping Room		The Later	
Others			
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: <u>Laura A Nelson</u>



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 Ro	Each Additional Room			
\$400			\$50	\$50			

Rener Correlins 10/2
Project:
Parce #
Address: 280 FM 3349 TAYLOR TX 76574
Names of Displacee's: Rowol Cornelius 572 663 8507
Contact Information Phone: Email:
Other Occupants <u>Names</u> , <u>Ages</u> and <u>Relation</u> :
Completed Certification of Eligibility for all displacee's: yes no
Completed R96: yes no
Occupancy Date: 2017
Type of Utilities: gas electric
OWNER OCCUPANT Mortgage on property: yes no
TENANT OCCUPANT Amount of rent: Monthly Rent \$ 1.00 Copy of lease agreement Ver Sal - Can Se in With it needed
Income information for each displace and household: • Name Pence Correlais Monthly Income \$ 17.23 /hour /40 hours
Name
Income documents provided: yes no will ask HR to pronde

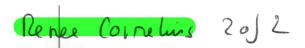
Explained eligible relocation benefits.

RHP or RAP

Moving fixed room count actual cost commercial move

Acknowledged receipt of NOE

Send Displacee copies of all forms signed: date



CERTIFICATION OF ELIGIBILITY

ROW CSJ: Parcel:	w.
Displacee:	
Individuals, Families and Unincorpora	ted Businesses or Farming Operations
I certify that myself and any other party(ies) with a fi are either:	nancial interest in this relocation assistance claim
Citizens or National	ls of the United States
Aliens lawfully pres	sent in the United States
* If an Alien lawfully present in the United States, su	pporting documentation will be required.
Claimant	Date: 03/17(20)
Claimant	Date:
Incorporated Business, Farm	or Nonprofit Organizations
I certify that I have signature authority for this entity a applicable state's laws and authorized to conduct busin	and such entity is lawfully incorporated under the ness within the United States.
Claimant	Date: