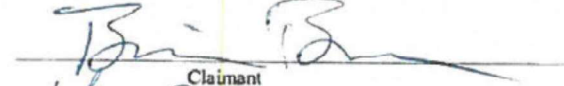
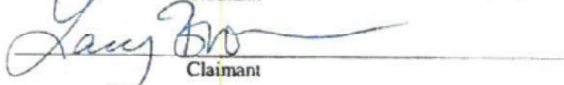
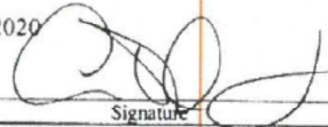

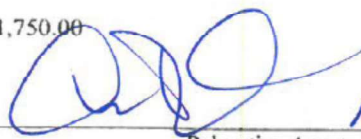



CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

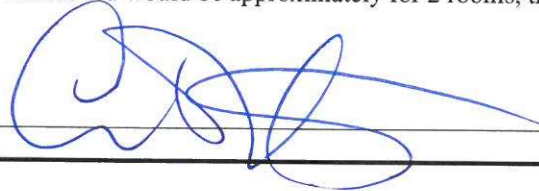
1. Name of Claimant(s): Brian Brown and Lacy Brown		Parcel No.: 68		County: Williamson	
				Project: SE Loop	
		4. Occupancy of Property Acquired by County			
		From (Date): 07-28-2015		To (Date of Move) 08-03-2021	
		5. Controlling Dates		Mo.	Day
		a. First Offer in Negotiations		05	15
		b. Date Property Acquired		08	03
		c. Date Required to Move		10	20
2. Address of Property Acquired by County: [REDACTED]		6. Dwelling:(house, apartment, etc.) SFR <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished			
Apt. No.:					
3. Address Moved To: [REDACTED]		(1) Number of Rooms: 7			
Apt. No.:		(2) Payment Schedule Amount \$ 1,750.00			
		(3) Total Amount of Claim: \$ 1,750.00			
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.					
10-8-2021 Date of Claim		 Claimant  Claimant			
Spaces Below to be Completed by County					
8. Type occupancy and number of rooms verified prior to move on: Date: 6-16-2020 By:  Signature		9. Vacancy verified on: Date: 10-7-2021 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:					
10-11-2021 Date		Amount of \$ 1,750.00  Relocation Agent			
APPROVED Oct 20, 2021 Date		 Bill Gravell (Oct 20, 2021 07:59 CDT) 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	5	4
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage 2 car	1	0
Storage Room		
Attic		
Total	9	7

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

The displace abandoned several pieces of furniture and various personal property throughout the house. The amount of property not moved would be approximately for 2 rooms, therefore we are not counting 2 rooms as part of this move claim.



Signed _____

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

SE Loop
Parcel: 68
Displacee: Brian Brown

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: 10-08-2021

Claimant

Date:

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:

CERTIFICATION OF ELIGIBILITY

SE Loop
Parcel: 68
Displacee: Lacy Brown

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.

Lacy Brown
Claimant

Date: 10-08-2021

Claimant

Date:

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: