

CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

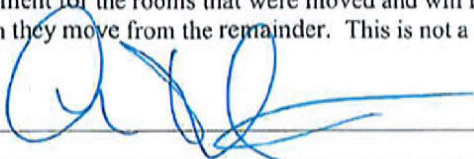
1. Name of Claimant(s): Gudelia Martinez Castillo	Parcel No.: 15	County: Williamson		
		Project: CR 279 / Bagdad Road		
	4. Occupancy of Property Acquired by Williamson County			
	From (Date): 2018	To (Date of Move): 09/06/2024		
2. Address of Property Acquired by State: [REDACTED]	5. Controlling Dates	Mo.	Day	Yr.
	a. First Offer in Negotiations	08	04	2022
	b. Date Property Acquired			
	c. Date Required to Move	09	08	2024
3. Address Moved To: Remainder of property	6. Dwelling:(house, apartment, etc.)			
	<input type="checkbox"/> Owner-occupied		<input type="checkbox"/> Furnished	
	<input checked="" type="checkbox"/> Tenant		<input checked="" type="checkbox"/> Unfurnished	
	(1) Number of Rooms: 7 * See Remarks			
		(2) Payment Schedule Amount		\$ [REDACTED]
		(3) Total Amount of Claim:		\$ [REDACTED] * See Remarks
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.				
9-30-24		Gudelia Martinez		
Date of Claim		Claimant		
Claimant				
Spaces Below to be Completed by Williamson County				
8. Type occupancy and number of rooms verified prior to move on:		9. Vacancy verified on:		
Date: 7-15-2024		Date: 9-30-2024		
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:				
10/22/2024		Amount of \$ [REDACTED]		
Date		Bill Gravell, Jr. (Oct 24, 2024 08:35 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	3	3
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage	1	
Storage Room		
Attic		
Front Porch	1	1
Yard	1	
Total	9	7

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

The displacee Mr. and Mrs. Castro needed to move from the residence because of the construction. They are in the process of trying to locate a replacement house but have been unable to find what they need at this time; they have temporally moved to the remainder and are living a travel trailer. The items that were located with the house were moved to the remainder in order for the construction of the project to continues while they search for a replacement dwelling. They have requested reimbursement for the rooms that were moved and will request the remaining reimbursement for the yard and garage at the time when they move from the remainder. This is not a two phase move and there is no double payment.

Signed 

Moving Expense Schedules A & B

A. UNFURNISHED UNITS - Occupant owns furniture.					
No. of Rooms	One	Two	Three	Four	Five
Amount	████	████	████	████	████
No. of Rooms	Six	Seven	Eight	Each Additional Room	-
Amount	████	████	████	████	-
B. FURNISHED UNITS - Occupant does not own furniture.					
First Room			Each Additional Room		
████			████		

LR
 Kitchen
 Dining Rm
 3 bedroom
 front porch

\$1750

yard
 Garage



To be paid once final
 move is completed

CERTIFICATION OF ELIGIBILITY

Project: Bagdad Road

Parcel: 15

Displacee: Gudelia Martinez Castillo

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.

Gudelia Martinez

Claimant

Date: 07/15/24

Date:

Claimant

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:

CERTIFICATION OF ELIGIBILITY

Project: Bagdad Road

Parcel: 15

Displacee: Gustavo Castro (18yr old son)

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.

Gustavo Castro
Claimant

Date: 07/15/24

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.

N/A
Claimant

Date: