

DEPARTMENT OF THE INTERIOR
CLAIM FOR RELOCATION PAYMENTS – RESIDENTIAL

(Public Law 91-646, as amended)

OMB CONTROL NO.

1084-0010

Expires

AGENCY:

PROJECT / TRACT:

ADDRESS:

DATE OF INITIATION OF NEGOTIATIONS:

SECTION I – TO BE COMPLETED BY CLAIMANT

INSTRUCTIONS: This form is for use in applying for payment of moving costs (42 USC 4622); homeowners replacement housing payment; rental replacement housing payment and down payment and incidental expenses. The representative will explain the differences between types of payments and, if you wish, will help you complete the forms. No payments will be made unless the forms are properly executed and received. If your claim is disapproved and/or adjusted from amounts claimed, you will be provided a written explanation for the reason and steps that you may take to have your claim reviewed, in accordance with regulations and procedures. **NOTE:** Actual expenses must be supported by receipts, vouchers, closing statements, or other documentation, or similar evidence remitted with the appropriate form.

1. NAME:

MAILING ADDRESS:

SOCIAL SECURITY NUMBER:

TELEPHONE NUMBER: ()

Please address only the category (individual or family) that describes your occupancy status. For item (2), please fill in the correct number of persons. (49CFR24.208(a)) **Your signature on this claim form constitutes certification**

(1) Individual – I certify that I am: (check one) ___ a citizen or national of the United States; ___ an alien lawfully present in the United States.

(2) Family – I certify that there are ___ persons in my household and that ___ are citizens or nationals of the United States and ___ are aliens lawfully present in the United States.

2. DID YOU OCCUPY THE AGENCY ACQUIRED DWELLING? IF YES; PERMANENT OR SEASONAL

3. WERE YOU A: HOMEOWNER OCCUPANT OR: TENANT OR: SLEEPING ROOM TENANT

4. DATE YOU PURCHASED THE AGENCY ACQUIRED DWELLING:

5. DATE YOU RENTED THE AGENCY ACQUIRED DWELLING:

6. DATE YOU MOVED INTO THE AGENCY ACQUIRED DWELLING:

7. DATE YOU MOVED FROM THE AGENCY ACQUIRED DWELLING:

8. WAS IT FURNISHED WITH YOUR OWN FURNITURE?

9. NUMBER OF ROOMS: (exclude bathrooms, closets, hallways)

10. LIST ALL MEMBERS OF THE HOUSEHOLD BY NAME, GENDER, RELATIONSHIP, AGE, AND DISABILITY IF ANY:

11. ADDRESS OF REPLACEMENT DWELLING: (To which you moved)

12. DATE YOU PURCHASED THE REPLACEMENT DWELLING:

13. DATE YOU RENTED THE REPLACEMENT DWELLING:

14. DATE YOU MOVED INTO THE REPLACEMENT DWELLING:

15. CLAIM	AMOUNT	FOR AGENCY USE ONLY
MOVING COSTS <i>(Attach completed Schedule A)</i>	\$ _____	\$ _____
REPLACEMENT HOUSING PAYMENT; HOMEOWNERS <i>(Attach completed schedule B)</i>	\$ _____	\$ _____
RENTAL REPLACEMENT HOUSING PAYMENT <i>(Attach completed Schedule C)</i>	\$ _____	\$ _____
DOWN PAYMENT AND INCIDENTAL EXPENSES <i>(Attach completed Schedule D)</i>	\$ _____	\$ _____

16. **CERTIFICATION:** I *(We)* CERTIFY under the penalties and provisions of U.S.C. Title 18, Sections 286, 287, 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me *(us)* and are true, correct, and complete. I *(We)* further certify that I *(We)* have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim; and that any receipts submitted herewith accurately reflect costs actually incurred. I *(We)* further certify that my *(our)* choice of type of payment was made on the basis of a full explanation by the displacing agency representative of the differences between the types of payments available.

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

PRIVACY ACT STATEMENT: 42 U.S.C. 4601 et seq. authorizes collection of this information. The primary use of the information is to determine whether the claimant is eligible for and entitled to relocation benefits. Furnishing the information is required in order to process your claim. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires the public to be informed that this Information is being collected in order to assess claims for relocation expenses. Completion of this form, including gathering of needed information, is estimated to take 50 minutes. Public comments on this estimate or suggestions for reducing this information collection burden should be directed to the Office of Acquisition and Property Management, U.S. Department of the Interior, MS 4262-MIB, Washington DC 20240. Submission of this form is necessary to obtain a government benefit. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, 1001, provides: 'Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or bot

SECTION II – TO BE COMPLETED BY AGENCY

CERTIFICATION BY DISPLACING AGENCY: *I certify that the above named claimant's replacement dwelling located at*

_____ *in the County of* _____ *and State of* _____ *was*

inspected on _____ *by* _____ *and was determined to be decent, safe, and sanitary.*

SIGNATURE

INSPECTING OFFICIAL'S NAME AND TITLE

REMARKS:

SCHEDULE A PAYMENT OF MOVING COSTS – RESIDENTIAL

(Under Sec. 202, P.L.91-646, as amended)

SECTION I – TO BE COMPLETED BY CLAIMANT

1. NAME:

2. PROJECT/TRACT:

3. TYPE OF
PAYMENT
CLAIMED:

FIXED PAYMENT

\$ _____

REIMBURSEMENT FOR ACTUAL EXPENSE
(Complete item 4 including storage costs if applicable)

SUPPLEMENTARY CLAIM FOR
REIMBURSEMENT OF STORAGE
COSTS (Complete item 5)

4. ACTUAL MOVING EXPENSES (Supported by receipted bills for labor and equipment.)
(See reverse for allowable/nonallowable)

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
MOVING COST	\$ _____	\$ _____
TRANSPORTATION COSTS-FAMILIES AND INDIVIDUALS (if any)	\$ _____	\$ _____
COST OF INSURANCE COVERING MOVE AND/OR STORAGE	\$ _____	\$ _____
STORAGE COSTS (Complete item 5)	\$ _____	\$ _____
OTHER (Explain on reverse under remarks)	\$ _____	\$ _____
TOTAL AMOUNT OF CLAIM	\$ _____	\$ _____
AMOUNT OF ADVANCE PAYMENT(S) RECEIVED (If any)	\$ _____	\$ _____
TOTAL AMOUNT (less advance, if any)	\$ _____	\$ _____

5. CLAIM FOR STORAGE COSTS: (Complete only if personal property was moved to or from storage)

TYPE OF CLAIM: INITIAL SUPPLEMENTARY FINAL DATE PROPERTY WAS MOVED:
TO STORAGE: _____
FROM STORAGE: _____

STORAGE PERIOD: NUMBER OF MONTHS _____ ARE THE NUMBER OF MONTHS ACTUAL OR: ESTIMATED

STORAGE COSTS: TOTAL COST INCURRED \$ _____ AMOUNT PREVIOUSLY RECEIVED \$ _____ = TOTAL AMOUNT \$ _____

6. METHOD OF PAYMENT: (Check one)

_____ I (We) request the fixed payment.

_____ I (We) have paid the moving costs itemized above and, therefore, request reimbursement.

_____ I (We) have not paid the moving costs itemized above and, therefore, request payment be made directly to the mover and/or storage company or other contractors, in accordance with arrangements made in advance, and with my (our) consent, between the agency and the mover and/or storage company or other contractors.

_____ I (We) hereby request and authorize the moving costs to be incurred, be paid directly to the mover and/or storage company or other contractors, in accordance with arrangements made at this time, and with my (our) consent, between the agency and the mover and/or storage company or other contractors.

7.

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

SECTION II – TO BE COMPLETED BY AGENCY

MOVING EXPENSE: \$

ADVANCE RECEIVED: \$



TOTAL AMOUNT: \$

PAYMENT AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED: _____	_____	_____	_____
APPROVED: _____	_____	_____	_____
FBMS INVOICE NO.: _____			

REMARKS:

ALLOWABLE MOVING EXPENSES

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Transportation of individuals, families, and personal property from the acquired site to the replacement site not to exceed 50 miles, except where the displacing agency determines that relocation beyond this 50 mile area is justified. 2. Packing and unpacking, crating and uncrating of personal property. 3. Disconnecting, dismantling, removing, reassembling, and reinstalling relocated household appliances, and other personal property. 4. Storage of personal property for a period not to exceed 12 months, unless the agency determines that a longer period is necessary. 5. Insurance for the replacement value of the property in connection with the move and necessary storage. 6. The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft or damage is not reasonably available. | <ol style="list-style-type: none"> 7. The reasonable cost of disassembling, moving, and reassembling any appurtenances attached to a mobile home, such as porches, decks, skirting, and awnings, which were not acquired, anchoring of the unit, and utility "hookup" charges. 8. The reasonable cost of repairs and/or modifications so that a mobile home can be moved and/or made decent, safe, and sanitary. 9. The cost of a nonrefundable mobile home park entrance fee, to the extent it does not exceed the fee at a comparable mobile home park, if the person is displaced from a mobile home park or it is determined that payment of the fee is necessary to effect relocation. 10. Other moving-related expenses that are not listed as ineligible under Nonallowable Moving Expenses, as the Agency determines to be reasonable and necessary. |
|--|--|

NONALLOWABLE MOVING EXPENSES

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Cost of moving structures or other real property improvements in which the displaced person reserved ownership. 2. Interest on loan to cover moving expenses. 3. Additional expenses incurred because of living in a new location. 4. Personal injury. 5. Any legal fee or other cost for preparing a claim for relocation payment or for representing the claimant before the agency. | <ol style="list-style-type: none"> 6. Expenses for searching for a replacement dwelling. 7. Physical changes to the real property at the replacement location. 8. Costs for storage of personal property on real property already owned or leased by the displaced person. 9. Refundable security and utility deposits. |
|---|---|

SCHEDULE B CLAIM OF HOME OWNERS REPLACEMENT HOUSING PAYMENTS – RESIDENTIAL

(Under Sec. 204 (a), P.L.91-646, as amended)

SECTION I – TO BE COMPLETED BY CLAIMANT

1. NAME: _____

2. PROJECT/TRACT: _____

3. At the time you received the Agency's written offer to acquire your dwelling, was this dwelling owned and occupied by you for 90 consecutive days immediately prior thereto as your permanent residence? YES NO

4. INCIDENTAL EXPENSES: *(Attach a copy of the closing statement and/or other documentation in support of the amounts claimed (49CFR24.401(e))*

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY	ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
LEGAL, CLOSING, AND RELATED COSTS	\$ _____	_____	ESCROW FEE	\$ _____	_____
TITLE SEARCH FEE	\$ _____	_____	TRANSFER TAXES	\$ _____	_____
NOTARY FEE	\$ _____	_____	LOAN ORIGATION OR ASSUMPTION FEES (that do not represent prepaid interest)	\$ _____	_____
RECORDING FEES	\$ _____	_____	CERTIFICATION FEE	\$ _____	_____
SURVEY COSTS	\$ _____	_____	HOME INSPECTION FEE	\$ _____	_____
LENDER'S APPRAISAL FEE	\$ _____	_____	TERMITE INSPECTION FEE	\$ _____	_____
LENDER'S APPLICATION FEE	\$ _____	_____	OTHER (list)	\$ _____	_____
CREDIT REPORT FEE	\$ _____	_____	\$ _____	_____
OWNER'S AND MORTGAGEE'S EVIDENCE OF TITLE	\$ _____	_____	\$ _____	_____
			TOTAL	\$ _____	_____

5. AMOUNT OF RENTAL ASSISTANCE PAYMENT PREVIOUSLY RECEIVED (If any) \$ _____

6. AMOUNT OF REPLACEMENT HOUSING PAYMENT ADVANCED (if any) \$ _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

SECTION II – TO BE COMPLETED BY AGENCY

COMPUTATION OF AMOUNT OF PAYMENT

LAST RESORT HOUSING PAYMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	MORTGAGE INTEREST COST: (See note)	\$ _____
PRICE OF A COMPARABLE DWELLING:	\$ _____	AMOUNT OF INCIDENTAL EXPENSES	\$ _____
PRICE PAID FOR REPLACEMENT DWELLING:	\$ _____	TOTAL PAYMENT:	\$ _____
PRICE PAID FOR ACQUIRED DWELLING:	\$ _____	AMOUNTS PREVIOUSLY PAID OR ADVANCED:	\$ _____
PAYMENT: <i>(The lesser of the difference between the comparable and acquired OR the replacement and acquired dwelling)</i>		TOTAL DUE UNDER THIS CLAIM:	\$ _____

Note: Increased mortgage interest costs can be claimed only if there was a bona fide mortgage(s) on the acquired dwelling for at least 90 days immediately prior to the initiation of negotiations to acquire the property.

COMPUTATION OF INCREASED MORTGAGE INTEREST COSTS

ITEM	AGENCY ACQUIRED DWELLING MORTGAGE(S) (a)			REPLACEMENT DWELLING MORTGAGE (b)
	FIRST	SECOND	THIRD	
1. ISSUANCE DATE OF MORTGAGE				
2. OUTSTANDING MORTGAGE BALANCE	\$	\$	\$	\$
3. AMOUNT OF MONTHLY MORTGAGE PAYMENT	\$	\$	\$	\$
4. ANNUAL INTEREST RATE OF MORTGAGE	%	%	%	%

5. MONTHS REMAINING ON MORTGAGE BALANCE:				
6. MONTHLY PAYMENTS OF...(line 3).....	\$	\$	\$	
<u>at the current prevailing fixed interest rate</u>				
7. FOR NUMBER OF MONTHS ... (line 5).....				
8. WILL PAY OFF A BALANCE OF:.....	\$	\$	\$	
9. INTEREST DIFFERENTIAL PAYMENT FOR EACH MORTGAGE: (line 2 minus line 8)	\$	\$	\$	
10. SUM OF PAYMENTS TO EACH MORTGAGE: (from line 9, but not less than 0)	\$ _____			
11. COST OF POINTS FOR MORTGAGE:.....	\$ _____			
12. TOTAL:	\$ _____			
13. IF line 2(b) IS LESS THAN THE TOTAL OF line 8 THEN:				
$\frac{\text{line 2(b)}}{\text{total of line 8}} = \text{factor} \times \text{line 12} = \text{total}$				

REMARKS:

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			

SCHEDULE C CLAIM OF RENTAL REPLACEMENT HOUSING PAYMENTS – RESIDENTIAL

(Under Sec. 204 (a), P.L.91-646, as amended)

SECTION I – TO BE COMPLETED BY CLAIMANT

1. NAME: _____	2. PROJECT/TRACT: _____
3. WHAT WAS THE MONTHLY RENTAL RATE OF THE DWELLING YOU VACATED? \$ _____	4. CHECK THE UTILITIES THAT WERE INCLUDED IN YOUR RENT: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> OTHER
5. WHAT IS YOUR AVERAGE HOUSEHOLD MONTHLY INCOME? \$ _____ (Does not include income received or earned by dependent children and full time students under 18 years of age.) (49CFR24.2(a)(14))	
6. WHAT IS THE MONTHLY RENTAL RATE FOR THE REPLACEMENT DWELLING? \$ _____	7. CHECK THE UTILITIES THAT ARE INCLUDED IN YOUR RENT: <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> OTHER
8. REQUEST FOR PAYMENT: LUMP SUM INSTALLMENT FREQUENCY AMOUNT OF INSTALLMENT <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> _____ \$ _____ </div>	
9. SIGNATURE: _____ DATE: _____	SIGNATURE: _____ DATE: _____

SECTION II – TO BE COMPLETED BY AGENCY

COMPUTATION OF AMOUNT OF PAYMENT	
LAST RESORT HOUSING PAYMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>
BASE MONTHLY RENTAL OF COMPARABLE REPLACEMENT DWELLING:	\$ _____
BASE MONTHLY RENTAL RATE OF REPLACEMENT DWELLING:	\$ _____
BASE MONTHLY RENTAL RATE OF ACQUIRED DWELLING: (actual rent or 30% of line 5, whichever is less) (49CFR24.402(b)(2)(ii))	\$ _____
REPLACEMENT RENTAL COSTS: (The lesser of the difference between the comparable and acquired OR the replacement and acquired)	\$ _____
AMOUNT DUE UNDER THIS CLAIM: (Replacement rental costs multiplied by 42)	\$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			

REMARKS: _____

SCHEDULE D DOWNPAYMENT AND INCIDENTAL EXPENSES – RESIDENTIAL

(Under Sec. 204 (b) P.L. 91-646, as amended)

SECTION I – TO BE COMPLETED BY CLAIMANT

1. NAME:

2. PROJECT/TRACT:

3. PRICE PAID FOR REPLACEMENT DWELLING: \$ _____

4. DOWNPAYMENT ACTUALLY PAID FOR REPLACEMENT DWELLING: \$ _____

5. INCIDENTAL EXPENSES: *(Attach a copy of the closing statement and/or other documentation in support of the amounts claimed) 49CFR24.401(e)*

ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY	ITEM	AMOUNT CLAIMED	FOR AGENCY USE ONLY
LEGAL, CLOSING, AND RELATED COSTS	\$ _____	_____	ESCROW FEE	\$ _____	_____
TITLE SEARCH FEE	\$ _____	_____	TRANSFER TAXES	\$ _____	_____
NOTARY FEE	\$ _____	_____	LOAN ORIGATION OR ASSUMPTION FEES <small>(that do not represent prepaid interest)</small>	\$ _____	_____
RECORDING FEES	\$ _____	_____	CERTIFICATION FEE	\$ _____	_____
SURVEY COSTS	\$ _____	_____	HOME INSPECTION FEE	\$ _____	_____
LENDER'S APPRAISAL FEE	\$ _____	_____	TERMITE INSPECTION FEE	\$ _____	_____
LENDER'S APPLICATION FEE	\$ _____	_____	COST OF POINTS FOR MORTGAGE	\$ _____	_____
CREDIT REPORT FEE	\$ _____	_____	OTHER (list)	\$ _____	_____
OWNER'S AND MORTGAGEE'S EVIDENCE OF TITLE	\$ _____	_____	\$ _____	_____
			\$ _____	_____
			TOTAL	\$ _____	_____

6. RENTAL ASSISTANCE PAYMENT PREVIOUSLY RECEIVED: *(if any)* \$ _____

7. DOWNPAYMENT ADVANCED: *(if any)* \$ _____

8.

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

9. REMARKS:

SECTION II – TO BE COMPLETED BY AGENCY

COMPUTATION OF AMOUNT OF DOWNPAYMENT

PRICE OF A COMPARABLE DWELLING: \$ _____

DOWNPAYMENT REQUIRED FOR
CONVENTIONAL MORTGAGE ON
COMPARABLE DWELLING: \$ _____

PRICE PAID FOR REPLACEMENT
DWELLING: \$ _____

DOWNPAYMENT ACTUALLY PAID
ON REPLACEMENT DWELLING: \$ _____

INCIDENTAL COSTS: \$ _____

TOTAL DOWNPAYMENT: (The lesser
of the difference between the
downpayment for comparable plus
incidental costs or the downpayment
actually paid plus incidental costs) \$ _____

RENTAL ASSISTANCE
PREVIOUSLY RECEIVED: \$ _____

DOWNPAYMENT ADVANCED: \$ _____
TOTAL AMOUNT DUE: \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			