



**CLAIM FOR RELOCATION PAYMENTS – NONRESIDENTIAL**  
(Public Law 91-646, as amended)

AGENCY:	PROJECT/TRACT: ADDRESS:
DATE OF INITIATION OF NEGOTIATIONS:	

**Section 1 – To Be Completed By Claimant**

INSTRUCTIONS: This form is for use in applying for payment of moving, storage, actual direct loss of property, search, and reestablishment expenses or a payment in lieu of these expenses (42 USC 4622). 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 the 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 forms.

1. NAME: (claimant)  MAILING ADDRESS:  TAX ID NO. OR SOCIAL SECURITY NO.:  TELEPHONE NUMBER: (    )	2. NAME/TITLE: (person filing claim for claimant)  MAILING ADDRESS:  TELEPHONE NUMBER: (    )
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3. TYPE OF CONCERN: BUSINESS  FARM OPERATION  NONPROFIT ORGANIZATION

4. TYPE OF OWNERSHIP: SOLE PROPRIETORSHIP  CORPORATION  PARTNERSHIP  NONPROFIT ORGANIZATION

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

(1) Sole Proprietorship – I certify that I am (check one) \_\_\_\_ a citizen or national of the United States; \_\_\_\_ an alien lawfully present in the United States.

(2) Partnership – I certify that there are \_\_\_\_ partners in the partnership and that \_\_\_\_ are citizens or nationals of the United States and \_\_\_\_ are aliens lawfully present in the United States.

(3) Corporation – I certify that (Name of Corporation) \_\_\_\_\_ is established pursuant to State law and is authorized to conduct business in the United States.

5. DATES YOU OCCUPIED THE PROPERTY: FROM \_\_\_\_\_ TO \_\_\_\_\_

6. DID CONCERN DISCONTINUE OPERATION? \_\_\_\_\_

7. DOES CONCERN PLAN TO REESTABLISH? \_\_\_\_\_

8. DATE YOU OCCUPIED THE REPLACEMENT: \_\_\_\_\_

9. ADDRESS OF REPLACEMENT: \_\_\_\_\_

10. TYPE OF CLAIM:    INITIAL  SUPPLEMENTARY  FINAL

11. TYPE OF PAYMENT:    ACTUAL  FIXED PAYMENT (complete item 13 on reverse)

12. CLAIM:	AMOUNT	FOR AGENCY USE ONLY
MOVING AND STORAGE EXPENSES (Attach completed schedule A)	\$	\$
ACTUAL DIRECT LOSSES OF PROPERTY (Attach completed schedule B)	\$	\$
REASONABLE SEARCH EXPENSES (Attach completed schedule C)	\$	\$
REESTABLISHMENT EXPENSES (Attach completed schedule D)	\$	\$
FIXED PAYMENT	\$	\$

<p><b>13. FIXED PAYMENT IN LIEU OF ACTUAL EXPENSES:</b> <b>FOR BUSINESS OR FARM OPERATION</b></p> <p>What were the annual net earnings, including compensation to owner, the owner's spouse and dependents, before Federal, State, and local income taxes for the two taxable years immediately prior to the taxable year of displacement. (Proof of net earnings shall be furnished through income tax returns, certified financial statements or other evidence.)</p> <p>TAX YEAR: _____ TAX YEAR: _____</p> <p>NET EARNINGS: NET EARNINGS: AVERAGE AMOUNT</p> <p>\$ _____ \$ _____ \$ _____</p> <p>Name(s) used on income tax return(s) or other acceptable proof of income:</p>  <p>Employer identification number(s) shown on tax return(s) (if tax returns used as proof of income):</p>	<p style="text-align: center;"><b>FOR NONPROFIT ORGANIZATION</b></p> <p>What were the annual gross revenues, less administrative expenses for the two 12-month periods prior to acquisition? (Certified financial statements or financial documents must be provided for any payment in excess of \$1000.)</p> <p>PERIOD: _____ PERIOD: _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AMOUNT</td> <td style="width:33%;">AMOUNT</td> <td style="width:33%;">AVERAGE AMOUNT</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p>Is organization incorporated under applicable laws of a State as a nonprofit organization? YES <input type="checkbox"/> NO <input type="checkbox"/></p>  <p>Is organization exempt from paying Federal income taxes under section 501 of the Internal Revenue Code (26 U.S.C. 501)? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	AMOUNT	AMOUNT	AVERAGE AMOUNT	\$ _____	\$ _____	\$ _____
AMOUNT	AMOUNT	AVERAGE AMOUNT					
\$ _____	\$ _____	\$ _____					

**14. NAME AND ADDRESS OF PERSON(S) TO WHOM PAYMENTS ARE TO BE MADE:**

**15. 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: \_\_\_\_\_  
(claimant or agent)

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 both.

**RECORDS RETENTION. TEMPORARY.** Destroy 7 years after final action, but longer retention is authorized if required for business use. (DAA-0048-2013-0001-0011)

**Section 2 – To Be Completed By Agency**

AMOUNT PREVIOUSLY PAID (if any).... \$ \_\_\_\_\_

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