|  |  |
| --- | --- |
| Agency Name: INSERT AGENCY NAME & ADDRESS | I hereby certify under penalty of perjury that the items and amounts listed herein are proper charges against the Agency. That the same or any part thereof has not been paid, and that I am authorized to sign for the claimant. I further certify that I am a citizen of the United States of America or am an alien lawfully present in the United States of America. |
| Displaced Person(s) or Claimant (Name, address with zip + 4 to which payment will be sent)INSERT DISPLACEE NAME & ADDRESS | Signature (Blue ink) for each claimant | Date |
|  |  |
|  |  |
| Project Title:       |  |  |
| Parcel No.:       | Displacee No.:       | Displacee Name:       | Date Parcel Vacated:       |
| Replacement Housing Payments | **$ Amounts** |
| Price Differential – 90 day owner for amounts up to $31,000       | $      |
| MIDP - Increased Mortgage Interest Payment       | $      |
| Incidentals       | $      |
| Last Resort Housing – owner for amounts over $31,000       | $      |
| Rental Supplement – 90 day tenants and certain others amounts up to $7,200       | $      |
| Down Payment Assistance – 90 day tenants and certain others       | $      |
| Last Resort Housing – tenants amounts over $7,200       | $      |
| Comments / other (describe):       | $      |
| Moving Expense Payments | **$ Amounts** |
|  |  |
| Self-Move / Schedule Payments – residential       | $      |
| Actual Expenses (Commercial Move/Actual Cost Self Move) – residential       | $      |
| Fixed Payment (in lieu of all other moving expenses) - Non-Residential       | $      |
| Actual Costs / Self Move / Commercial - Non-Residential       | $      |
| Reestablishment Costs - Non-Residential       | $      |
| Personal Property Only       | $      |
| Comments / Other (describe):       | $      |
| Deductions:       | - $      |
| TOTAL 🡪 | **$** |

|  |  |  |
| --- | --- | --- |
| Invoice No.:       | Date:       | Amount: $       |
| ACCOUNT CLASSIFICATION |
| PARCEL | JOB NUMBER | WORK OP | ACCOUNT | CONTROL SECTION | ORG. NO. | NON-PART | TOTALS DOLLARS |
| WORK ORDER | GRP | OBJ  | SUB |
|       |       |       |       |       |       |       |       |       | $      |
|       |       |       |       |       |       |       |       |       | $      |
|       |       |       |       |       |       |       |       |       | $      |
|       |       |       |       |       |       |       |       |       | $      |
|  | TOTAL 🡪$       |
| RELOCATION SPECIALIST: | DATE: | AGENCY REAL ESTATE MANAGER: | DATE: |
| I, the undersigned, certify that the above information is correct, that the payment is necessary for the above relocation assistance, that it has been performed in accordance with prescribed procedures, and that this payment is not considered income or resources to a “DISPLACED PERSON” pursuant to Section 216 of Public Law 91-646 and RCW 8.26.115.: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGENCY AUTHORIZATION DATE | Warrant Register No.:      | Voucher No.:      |