

RELOCATION PARCEL CLOSEOUT

COUNTY	ITEM NO.	PARCEL	NAME
PROJECT NO.	FEDERAL NUMBER	PROJECT	

I certify that I have received the following checks representing approved Relocation Benefits from the Commonwealth of Kentucky:

<input type="checkbox"/>	RESIDENTIAL RELOCATION	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Replacement Housing Payment			
<input type="checkbox"/>	Incidental Expenses			
<input type="checkbox"/>	Mortgage Interest Differential Payment			
<input type="checkbox"/>	Moving Expenses			
<input type="checkbox"/>	<input type="checkbox"/> Com Move <input type="checkbox"/> Com Est <input type="checkbox"/> Act. Cost <input type="checkbox"/> Staff Est <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Com Move <input type="checkbox"/> Com Est <input type="checkbox"/> Act. Cost <input type="checkbox"/> Staff Est <input type="checkbox"/> Fixed Rate			
<input type="checkbox"/>	Move Estimate			
<input type="checkbox"/>	Move Estimate			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	NON-RESIDENTIAL RELOCATION	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Re-establishment Expenses			
<input type="checkbox"/>	Moving Expenses			
<input type="checkbox"/>	<input type="checkbox"/> Com Move <input type="checkbox"/> Com Est <input type="checkbox"/> Act. Cost <input type="checkbox"/> Staff Est <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Com Move <input type="checkbox"/> Com Est <input type="checkbox"/> Act. Cost <input type="checkbox"/> Staff Est <input type="checkbox"/> Fixed Rate			
<input type="checkbox"/>	Move Estimate			
<input type="checkbox"/>	Move Estimate			
<input type="checkbox"/>	Searching Expenses			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Personal Property Only	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	<input type="checkbox"/> Com Move <input type="checkbox"/> Com Est <input type="checkbox"/> Act. Cost <input type="checkbox"/> Staff Est <input type="checkbox"/> Fixed Rate			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Other:			

☐ I certify that I have occupied the replacement property as my permanent residence, and that all the information contained herein is true and accurate to the best of my knowledge. I, therefore, acknowledge receipt of reimbursement as outlined in this application.

☐ I certify that all my personal property has been moved and acknowledge the receipt of moving expense reimbursement as outlined in this application.

Displacee's Signature

Date

Agent's Signature