



NONRESIDENTIAL FIXED RATE MOVE PAYMENT REQUEST

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

TYPE OF MOVE Business Farm Nonprofit

BUSINESS/FARM		YES	NO
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1.	Does this business/farm own/rent personal property which must be moved and for which an expense will be incurred?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Will this business/farm be required to vacate or relocate from its displacement site?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did this business/farm contribute materially to the income of the displaced person during the two taxable years prior to displacement?	<input type="checkbox"/>	<input type="checkbox"/>

Answer 4-10 for a business; Answer 11- 14 for a farm

4.	Will relocation cause this business to suffer a substantial loss of its existing patronage?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is this business part of a commercial enterprise having more than three other entities which are not being acquired, and which are under the same ownership and engaged in the same or similar business activities?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is this business operated at a displacement dwelling or site solely for the purpose of renting such dwelling or site to others?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are this business's premises or equipment shared with another entity? <i>(If No, skip 8-10)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are substantially identical or interrelated business functions carried out and business and financial affairs commingled with another business?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are multiple entities held out to the public, and to those customarily dealing with them, as one business?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the same person or closely related person own, control or manage affairs of the entities?	<input type="checkbox"/>	<input type="checkbox"/>
11.	What is the farm's principal product?		
12.	Is this farm being acquired in its entirety? <i>(If Yes, skip 14 and 15)</i>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Did this partial acquisition cause the operator to be displaced from the farm operation on the remaining land? <i>(Use additional page to explain)</i>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Did this partial acquisition cause a substantial change in the nature of the farm operation? <i>(Use additional page to explain)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Payment requests must be supported by documents in the form of complete, certified tax returns.

NONPROFIT ORGANIZATION		YES	NO
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1.	Will relocation cause this organization to suffer a substantial loss of its existing membership or clientele?	<input type="checkbox"/>	<input type="checkbox"/>
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Payments in excess of \$ 1,000 must be supported with financial statements for the two 12 month periods prior to displacement. Payment will be the average of two years annual gross revenues less administrative expenses.

PAYMENT CALCULATION

YEAR OF DISPLACEMENT

TWO YEAR OR MORE OPERATION			LESS THAN TWO YEAR OPERATION		
A.	Net earnings for taxable year immediately preceding displacement		A.	Net earnings for months in operation prior to year displaced	
B.	Net earnings for second taxable year preceding displacement		B.	Months in operation	
C.	Total 2-year net earnings (A+B)		C.	Average Monthly Income (A / B)	
AVG. NET EARNINGS (C divided by 2)			AVG. NET EARNINGS (C times 12)		

TOTAL FIXED PAYMENT (Minimum \$1,000 - Maximum \$40,000)

<input type="checkbox"/>	ADVANCED CLAIM PAYMENT REQUEST: I will verify the completion of the move before payment is made.
<input type="checkbox"/>	ADVANCED PAYMENT REQUEST: I will verify the completion of the move before final payment is made
<input type="checkbox"/>	VERIFICATION OF MOVE: I have verified the information contained herein and will verify the completion of the move before payment is made.