



RELOCATION BENEFITS SUMMARY

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			
<input type="checkbox"/>	Replacement Housing Payment	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Incidental Expenses	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Moving Expenses	CHECK NUMBER	DATE	AMOUNT
	<input type="checkbox"/> Fixed Rate <input type="checkbox"/> Com Move <input type="checkbox"/> Misc Move <input type="checkbox"/> Mobile Home			
<input type="checkbox"/>	Other: <i>(Explain)</i>	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Other: <i>(Explain)</i>	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Other: <i>(Explain)</i>	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	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.			
<input type="checkbox"/>	I certify that all my personal property has been moved and acknowledge the receipt of moving expense reimbursement as outlined in this application.			
<input type="checkbox"/>	NON-RESIDENTIAL RELOCATION			
<input type="checkbox"/>	Moving Expenses	CHECK NUMBER	DATE	AMOUNT
	<input type="checkbox"/> Com Move <input type="checkbox"/> Act Cost <input type="checkbox"/> Staff Est <input type="checkbox"/> Storage			
<input type="checkbox"/>	Re-establishment Expenses	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	In Lieu Of Payment	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Other: <i>(Explain)</i>	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Other: <i>(Explain)</i>	CHECK NUMBER	DATE	AMOUNT
<input type="checkbox"/>	Other: <i>(Explain)</i>	CHECK NUMBER	DATE	AMOUNT

Displacee's Signature	Date	Agent's Signature
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