|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | | |
|  | **RESIDENTIAL RELOCATION** | | | | | | | | | | | |
|  | **Replacement Housing Payment** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | |  | |  |
|  | **Incidental Expenses** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | |  | |  |
|  | **Moving Expenses** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
| **Fixed Rate** | **Com Move** | **Misc Move** | | **Mobile Home** | | |  | |  | |  |
|  | **Other: *(Explain)*** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | | | | | | |  | |  | |  |
|  | **Other: *(Explain)*** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | | | | | | |  | |  | |  |
|  | **Other: *(Explain)*** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | | | | | | |  | |  | |  |
|  | 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. | | | | | | | | | | | |
|  | **NON-RESIDENTIAL RELOCATION** | | | | | | | | | | | |
|  | **Moving Expenses** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
| **Com Move** | **Act Cost** | **Staff Est** | | **Storage** | | |  | |  | |  |
|  | **Re-establishment Expenses** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | |  | |  |
|  | **In Lieu Of Payment** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | |  | |  |
|  | **Other: *(Explain)*** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | | | | | | |  | |  | |  |
|  | **Other: *(Explain)*** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | | | | | | |  | |  | |  |
|  | **Other: *(Explain)*** | | | | | | | **CHECK NUMBER** | | **DATE** | | **AMOUNT** |
|  | | | | | | |  | |  | |  |
|  | | | | | |  | | | | |  | |
| **Displacee's Signature** | | | | | | **Date** | | | | | **Agent's Signature** | |