

Claim for Moving and Related Expenses

Families and Individuals

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0016
(exp. 04/30/2005)

See back of page for Public Reporting Burden and Privacy Act Statements before completing this form

For Agency Use Only Name of Agency	Project Name or Number	Case Number
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Instructions: This claim form is for the use of families and individuals applying for payment of moving and related expenses. You may apply for either (1) a fixed allowance, or (2) an amount to cover the actual moving and related expenses incurred (as described on page 2 of this form). A claim for actual expenses must be supported by receipts or other evidence. The Agency will explain the differences between the two types of payments and will help you complete this form. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. The Agency will explain how to make an appeal.

1. Your Name(s) (You are the Claimant(s)) and Present Mailing Address	1a. Telephone Number(s)
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2. Have All Members of the Household Moved to the Same Dwelling? Yes No
(If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)

Dwelling	Address (include Apartment No.)	How many rooms did you occupy? *	Was it furnished with your own furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you move to this unit?
3. Unit That You Moved From				
4. Unit That You Moved To		* Excluding bathrooms, hallways and closets.		

5. Is This a Final Claim? Yes No

6. **Computation of Payment** (complete Item 6a or 6b)

Item	6a. Fixed Allowance	6b. Actual Moving Expenses	For Agency Use Only
(1) Moving Cost		\$	\$
(2) Transportation Cost—Families and Individuals			
(3) Cost of Insurance Covering Move and/or Storage			
(4) Storage Cost (Complete Item 10 on page 2)			
(5) Other (Explain in Remarks Section)			
(6) Total Amount of Claim (Consult Agency for amount of fixed allowance)	\$	\$	\$
(7) Amount Previously Received, if any			
(8) Amount Requested (Subtract line (7) from line (6))	\$	\$	\$

7a. Certification of Eligibility for Relocation Payments and Services

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. The certification below must be completed in order to receive any benefits. (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) **Your signature(s) on this claim form constitutes certification.**

The individual(s) listed below occupy/occupies the dwelling at _____.

I, _____, as head of household, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.

For unrelated individuals, each individual by affixing their signature below certifies that they are either a United States citizen or national, or an alien lawfully in the United States.

(Signature and Date) (Signature and Date) (Signature and Date)

(Signature and Date) (Signature and Date) (Signature and Date)

7b. **Certification By Claimant(s):** I certify that this claim and supporting information are true and complete and that I have not been paid for these expenses by any other source. I ask that the amount on line (8) of Item 6 be paid to me the contractor(s) (as specified in the Remarks Section).

Signature(s) of Claimant(s) & Date:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

To Be Completed by the Agency

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
8. Recommended	\$			
9. Approved	\$			

10. Supporting Data For Storage Cost (Describe property stored in Remarks Section or attach list.)

Is this a Final Claim for Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Computation of Storage Costs		
Date moved to Storage (mm/dd/yyyy)	Date moved from Storage (mm/dd/yyyy)	Item	Amount	For Agency Use Only
Name & Address of Storage Company		Monthly Rate for Storage	\$	\$
		Number of Months in Storage		
		Total Storage Costs (enter on line (4) of Item 6b)	\$	\$
Should Payment be made directly to Storage Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount Previously Received (Include this Amount in line (7) of Item 6b)	\$	\$

Remarks (Attach additional sheets, if necessary)

Additional sheets attached? Yes No

Moving and Related Expenses Which Are Paid For

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| <ol style="list-style-type: none"> 1. Transportation of individuals, families and personal property from the displacement site to the replacement site. Transportation costs for a distance beyond 50 miles are not eligible, unless the Agency determines that relocation beyond 50 miles is justified. 2. Packing, crating, uncrating and unpacking of personal property. 3. Necessary charges for the removal and hookup of appliances, equipment and other items, not acquired as real property. | <ol style="list-style-type: none"> 4. Storage of the personal property, as determined necessary by the Agency. 5. Insurance of the personal property in connection with the move and necessary storage. 6. The replacement value of property lost, stolen or damaged in the move where insurance is not reasonably available. |
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Moving and Related Expenses Which Are Not Paid For

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| <ol style="list-style-type: none"> 1. Cost of moving any building or other real property in which the displaced person reserved ownership. 2. Interest on a loan to cover moving expenses. 3. Personal injury. | <ol style="list-style-type: none"> 4. Any legal fee or other cost for preparing the claim for moving and related expenses or for representing the claimant before the Agency. 5. Expenses for searching for a replacement dwelling. |
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Public Reporting Burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Privacy Act Notice: This information is needed to determine whether you are eligible to receive a payment for moving and related expenses. You are not required by law to furnish this information, but if you do not provide it, you may not receive any payment for these expenses or it may take longer to pay you. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal agency for review.