

Claim for Fixed Payment in Lieu of Payment for Actual Moving and Related Expenses

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

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

Businesses, Nonprofit Organizations and Farm Operations

For Agency Use Only Name of Agency	Project Name or Number	Case Number
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Privacy Act Notice: This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Fixed Payment rather than a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses. (The maximum Fixed Payment is \$20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. 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 the determination. The Agency will explain how to make an appeal. 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.

Instructions. This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a **Fixed Payment**, rather than apply for a **Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses**. The minimum fixed payment is \$1,000; the maximum is \$20,000. The Agency will explain the differences between the two payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. 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 the determination. The Agency will explain how to make an appeal.

- 1. Business.** A business is eligible for a fixed payment, if all of the following conditions are met:
 - a. The business either (1) discontinues operations, or (2) relocates but is likely to incur a substantial loss of its existing patronage (clientele or net earnings).
 - b. The business is not part of a commercial enterprise having more than three other entities which are not being displaced, and which are under the same ownership and engaged in the same or similar business activities.
 - c. The business operation at the displacement property is not limited solely to the rental of all or a portion of the real property to one or more others.
 - d. The business meets a minimum income test.
- 2. Nonprofit Organization.** A displaced nonprofit organization is eligible for a fixed payment, if (1) it discontinues operations, or (2) it relocates but is likely to suffer a substantial loss of its existing patronage (membership or clientele).
- 3. Farm Operation.** A displaced farm operation is eligible for a fixed payment if it meets a minimum income test.

Section A. General

1. Name under which Claimant Conducts Operations		2. Name, Address & Telephone Number of Person Filing Claim on Behalf of Claimant	
3a. Address from which Claimant Moved			
3b. Date First Occupied Property (mm/dd/yyyy)		3c. Date Move Started (mm/dd/yyyy)	
4a. Address to which Claimant Moved		4b. Date Move Completed (mm/dd/yyyy)	
5. Type of Operation (check one) <input type="checkbox"/> Business <input type="checkbox"/> Farm Operation <input type="checkbox"/> Nonprofit Organization		6. Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization	
7. Is This a Final Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", attach explanation)			
8. Computation of Payment			
Item		Amount Claimed	For Agency Use Only
(1) Amount from line (4), (8), (12) or (15) of Section D (If less than \$1,000, enter \$1,000. If more than \$20,000, enter \$20,000)		\$	\$
(2) Amount Previously Received (if any)			
(3) Amount Requested (Subtract line (2) from line (1))		\$	\$

9a. 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 constitute(s) certification.**

Select either Unincorporated or Incorporated

Unincorporated Businesses, Farms, or Nonprofit Organizations

The business, nonprofit organization, or farm, commonly known as _____
occupies the property at _____.

For each **unincorporated** business, farm, or nonprofit organization, list each owner:

I _____, as _____ of the business, nonprofit organization, or farm, hereby certify that all individuals are either United States citizens or nationals, or are aliens lawfully present in the United States.

(Signature and Date)

[May be signed by the principal owner, manager, or operating officer on behalf of other persons with an ownership interest.]

Incorporated Businesses, Nonprofit Organizations, and Farms

The business, nonprofit organization, or farm, commonly known as _____
occupies the property at _____.

I hereby certify that the corporation listed above is authorized to conduct business in the United States.

(Signature and Date)

(Title)

9b. 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.

Signature(s) of Claimant(s) or Agent	Title (Type or Print)	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 Agency

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
10. Recommended	\$			
11. Approved	\$			

Section B. Gross Receipts Determination for Business or Farm Operation

Item	Base Period ^{1/}			For Agency Use Only
	Year (yyyy)	Year (yyyy)	Average	
Gross Receipts or Gross Sales, Less Returns and Allowances	\$	\$	\$	\$

Section C. General Tax Information (Not to be completed by Nonprofit Organizations)

Name(s) Used on Income Tax Return(s)	Employer Identification Number(s) Shown on Tax Return(s)	Principal Type of Business Activity Reported on Tax Return(s)

Federal Income Tax Returns for Base Period^{1/}
Tax Returns Filed With Director of Internal Revenue in:
Year (yyyy) City

	State	Year (yyyy)	City		State

Section D. Computation of Average Net Earnings or Net Revenues for Base Period ^{1/}	Item	Base Period			For Agency Use Only
		Year (yyyy)	Year (yyyy)	Average	
Table I. Individual or Sole Proprietor (Relates to IRS Form 1040)					
(1) Net Profit (or Loss) Before Taxes from IRS Form 1040		\$	\$	\$	\$
(2) Adjustments (Attach Statement) ^{2/}					
(3) Compensation Paid to Owner, Owner's Spouse, and Dependents (List names and amounts to each on a separate page)					
(4) Net Earnings (Add lines (1), (2) and (3))		\$	\$	\$	\$
Table II. Corporation (Relates to IRS Form 1120 and 1120-S)					
(5) Taxable Income from IRS Form 1120 (or Ordinary Income from IRS Form 1120-S)		\$	\$	\$	\$
(6) Adjustments (Attach Statement) ^{2/}					
(7) Compensation Paid to Principal Stockholders, their Spouses, and Dependents (List names and amounts to each on a separate page) ^{3/}					
(8) Net Earnings (Add lines (5), (6) and (7))		\$	\$	\$	\$
Table III. Partnership (Relates to IRS Form 1065)					
(9) Ordinary Income (or Loss) Before Taxes (From IRS Form 1065)		\$	\$	\$	\$
(10) Adjustments (Attach Statement) ^{2/}					
(11) Compensation Paid to Principal Partners, their Spouses, and Dependents (List names and amounts to each on a separate page) ^{4/}					
(12) Net Earnings (Add lines (9), (10), and (11))		\$	\$	\$	\$
Table IV. Nonprofit Organization					
(13) Annual Gross Revenues ^{5/}		\$	\$	\$	\$
(14) Administrative Expenses ^{6/}					
(15) Net Revenues (Subtract line (14) from line (13))		\$	\$	\$	\$

1/ This is usually the two tax years prior to your displacement. Please consult the Agency.

2/ To the extent that the profit/income entry on line (1), (5) or (9) has been reduced by an expense that was not incurred in the base period (e.g., a loss carry forward from a previous year, loss carry back from a later year or declared depreciation in excess of actual depreciation) such expense must be added back on line (2), (6) or (10). To the extent that the entry on line (1), (5) or (9) is inflated by an amount not actually earned in the base period (e.g., refund of State or local income taxes or income included under the tax benefit rule because a deduction taken in a previous year was disallowed), it should be entered on line (2), (6) or (10) as a subtraction.

3/ Principal stockholder is one who owns 15% or more of the corporation.

4/ A principal partner is one with a proprietary interest of 15% or more in the concern.

5/ Gross revenues may include membership fees, class fees, cash donations and other fund collections.

6/ Administrative expenses include rent, utilities, salaries and fund raising costs.