

STATE OF NEBRASKA - DEPARTMENT OF ROADS
RELOCATION ASSISTANCE PAYMENT CLAIM

MAIL TO: NEBRASKA DEPARTMENT OF ROADS
 RIGHT OF WAY DIVISION
 PO BOX 94759
 LINCOLN NE 68509-4759

PROJECT NUMBER:	PROJECT LOCATION:
CONTROL NUMBER:	TRACT:
NAME:	
OLD ADDRESS:	
NEW ADDRESS:	

PAYMENTS BEING CLAIMED

<input type="checkbox"/> REPLACEMENT HOUSING	<input type="checkbox"/> INTEREST DIFFERENTIAL	<input type="checkbox"/> INCIDENTAL EXPENSE
<input type="checkbox"/> TAX DIFFERENTIAL	<input type="checkbox"/> MOVING EXPENSE	<input type="checkbox"/> DIRECT LOSS
<input type="checkbox"/> SEARCHING EXPENSE	<input type="checkbox"/> REESTABLISHMENT	<input type="checkbox"/> IN LIEU

TYPE OF DISPLACEMENT	STATUS	OCCUPANCY
RESIDENTIAL	OWNER	180 DAYS OR MORE
OTHER:	DATE MOVED:	NEW PHONE NO.:

REPLACEMENT HOUSING PAYMENT <i>(A Supplemental Payment for)</i>	MOVING EXPENSE RESIDENTIAL
1 An Owner Occupant purchasing a replacement dwelling \$	1 Actual reasonable moving expense, supported by receipted bills or other acceptable evidence of expenses <i>(please attach)</i> - \$
2 An Owner Occupant renting a replacement dwelling \$	2 Scheduled moving expense \$
3 A Tenant Occupant renting a replacement dwelling \$	
4 A Tenant Occupant purchasing a replacement dwelling \$	BUSINESSES, FARMS, NONPROFIT ORGANIZATIONS

INTEREST DIFFERENTIAL <i>(A Supplemental Payment for)</i>	
1 Increased interest costs \$	1 Actual reasonable moving expense, supported by receipted bills or other acceptable evidence of expenses <i>(please attach)</i> - \$
2 Loan fee and/or points \$	An amount not to exceed the lower of two firm bids from qualified bidders, obtained by the State \$
TOTAL → \$	2 Actual reasonable reestablishment expenses supported by receipted bills or other evidence of expenses <i>(Please attach)</i> \$

INCIDENTAL EXPENSE	
1 Title Search \$	3 Actual direct losses of tangible personal property <i>(Consult with the Relocation Representative before making this selection)</i> \$
2 Preparation of Conveyance Contracts \$	4 Actual reasonable searching expenses supported by bills and a certified statement of time spent in search <i>(Please attach)</i> \$
3 Notary Fees \$	5 Payment "In Lieu" of moving expenses stated above. A payment determined by average annual net income for the past two years. The maximum is \$20,000. <i>(Excluding the year of relocation) (Attach proper documentation)</i>
4 Surveys or Plats \$	
5 Recording Fees \$	
6 Lenders, F.H.A., or VA Appraisal Fee \$	
7 F.H.A. or VA Application Fee \$	
8 Certificate of Structural Soundness \$	YEAR NET INCOME \$
9 Credit Report \$	YEAR NET INCOME \$
10 Title Insurance or Abstract \$	TOTAL \$ divide by 2 = \$
11 State Revenue Stamps \$	TOTAL → \$

	REMARKS:
12 Sales Tax on Mobile Home \$	
13 Points for Tenant Downpayment \$	
14 Mortgage Default Insurance \$	
15 Inspections \$	
16 Other \$	
TOTAL → \$	

TAX DIFFERENTIAL	
1 A supplemental payment for the increase in real property taxes for a three (3) year period: \$	
OR	
2 A supplemental payment for the increase in real property taxes for a three (3) year period paid annually <input type="checkbox"/> 1st Year <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Year \$	

CLAIMANT CERTIFICATION

I (We) certify under the penalties and provisions of applicable laws, that this claim and information submitted herewith have been examined by me (us) and are true, correct and complete. I (We) further certify that I (we) have not submitted any other claim for or received reimbursement from any other source for any item of this claim, and that any receipts submitted herewith accurately reflect costs actually incurred.

I (We) understand that if I am (we are) not entirely eligible to receive the payment(s) being claimed at this time, I (we) understand that these payments will only be released to me (us) after I am (we are) fully eligible to receive them.

PLEASE SIGN, DATE AND INCLUDE YOUR FEDERAL I.D. NUMBER. IF NONE, INCLUDE YOUR SOCIAL SECURITY NUMBER.			
SIGNATURE OF CLAIMANT:	DATE:	SIGNATURE OF CLAIMANT:	DATE:
Social Security No.:		Social Security No.:	
RECOMMENDED BY		APPROVED BY	
RELOCATION OFFICER:	DATE:	RELOCATION ASSISTANCE APPROVAL:	DATE: