

Claim for Temporary Relocation Expenses (Residential Moves)

Georgia Department of Community Affairs
Housing Finance and Development Department

For Applicant Use Only	Name of Agency	Project Name or Number	Case Number	
Instructions: This claim form is for the use of families and individuals applying for reimbursement of temporary relocation expenses. The Applicant will assist you in completing the form. If the full amount of your claim is not approved, the Applicant will provide you with a written explanation of the reason. If you are not satisfied with the Applicant's determination, you may appeal that determination. The Applicant will explain how to make an appeal.				
1a. Your Name(s) (You are the Claimant(s)) and Present Mailing Address			1b. Telephone Number(s)	
2a. Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)			2b. Do you (or will you) receive a Federal, State, or local housing program subsidy at the dwelling you moved to? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dwelling	Address	When Did You Rent This Unit?	When Did You Move to This Unit?	When Did You Move Out of This Unit?
3. Unit That You Moved From				
4. Unit That You Moved To				
5. Unit That You Returned To				
7. DETERMINATION OF MOVING EXPENSES – MOVE TO TEMPORARY UNIT Instructions: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a temporary housing unit. The computation table below provides you with the ability to compute your payment.				
Move to Temporary Unit		(1) Commercial Move (Actual Costs)		(2) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)
		Claimant	Agency Use	Claimant Agency Use
(a) Moving Cost Expenses; see page 3 (Do not include storage costs listed separately below.)		\$	\$	\$ \$
(b) Storage cost (not to exceed 12 months)		\$	\$	\$ \$
(c) Telephone re-connection		\$	\$	\$ \$
(d) Cable/Internet re-connection		\$	\$	\$ \$
(e) Other (Explain in Remarks Section)		\$	\$	\$ \$
(f) Total (Lines 7(a) – 7(e))		\$	\$	\$ \$
(g) Amount Previously Received, if any		\$	\$	\$ \$
(h) Amount Requested (Subtract Line 7(g) from Line 7(f))		\$	\$	\$ \$
(i) Total Amount Approved by Agency (for move to temporary unit)			\$	
TO BE COMPLETED BY APPLICANT				
SUMMARY FOR MOVE TO TEMPORARY HOUSING UNIT				
Line No.:	Amount Claimed:	Amount Recommended:	Date Paid:	Payable To:
(j) Line 7(i), Column (1)	\$	\$		
(k) Line 7(i), Column (2)	\$	\$		
(l) Total:	\$	\$		
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
(m) RECOMMENDED	\$			
(n) APPROVED	\$			
Remarks (Attach additional sheets, if necessary)				

8. DETERMINATION OF MOVING EXPENSES – MOVE TO PERMANENT UNIT						
Instructions: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a permanent housing unit. The computation table below provides you with the ability to compute your payment.						
Move to Permanent Unit	(1) Commercial Move (Actual Costs)		(2) Self Move (Actual Costs) (Not to exceed cost paid by a commercial mover)			
	Claimant	Agency Use	Claimant	Agency Use		
(a) Moving Cost Expenses; see page 3	\$	\$	\$	\$		
(b) Telephone re-connection	\$	\$	\$	\$		
(c) Cable/Internet re-connection	\$	\$	\$	\$		
(d) Other (Explain in Remarks Section)	\$	\$	\$	\$		
(e) Total (Lines 8(a) – 8(d))	\$	\$	\$	\$		
(f) Amount Previously Received, if any	\$	\$	\$	\$		
(g) Amount Requested (Subtract Line 8(f) from Line 8(e))	\$	\$	\$	\$		
(h) Total Amount Approved by Agency (for move to permanent unit)		\$		\$		
TO BE COMPLETED BY APPLICANT						
SUMMARY FOR MOVE TO PERMANENT UNIT						
Line No.:	Amount Claimed:	Amount Recommended:	Date Paid:	Payable To:		
(i) Line 8(h), Column (1)	\$	\$				
(j) Line 8(h), Column (2)	\$	\$				
(k) Total:	\$	\$				
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)		
(l) RECOMMENDED	\$	\$				
(m) APPROVED	\$	\$				
Remarks (Attach additional sheets, if necessary)						
9. MONTHLY OUT-OF-POCKET COSTS FOR TEMPORARY RELOCATION						
Costs listed on this form are for the period beginning _____ and ending _____ TOTAL # OF MONTHS: _____						
(Month/Day) (Year) (Month/Day) (Year)						
DETERMINATION OF RENT AND AVERAGE MONTHLY UTILITY COSTS						
Instructions: To compute the payment, entries on Line 9(i) must reflect all utility services. Therefore, identify on Lines 9(b) through 9(f) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on Line 9(h).						
Monthly Temporary Relocation Cost (For temporary relocation that lasts more than one month, either complete a Continuation Form for each additional month of temporary relocation or enter total claimed on Line 9(p) and explain under "Remarks.")	Unit You Moved From		Unit You Moved To		Increase In Monthly Cost	Amount Approved
	(1) Claimant	(2) For Applicant Use Only	(3) Claimant	(4) For Applicant Use Only	(5) For Applicant Use Only	(6) To Be Provided by Applicant
(a) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: <input type="checkbox"/> All utilities included <input type="checkbox"/> Utilities not included (list on Line 9(b) to 9(f) below)	\$	\$	\$	\$	\$	\$
(b) Electricity	\$	\$	\$	\$	\$	\$
(c) Gas	\$	\$	\$	\$	\$	\$
(d) Water/sewer	\$	\$	\$	\$	\$	\$
(e) Sanitation	\$	\$	\$	\$	\$	\$
(f) Other	\$	\$	\$	\$	\$	\$
(g) Gross Monthly Rent and Utility Costs (add Lines 9(a) through 9(f))	\$	\$	\$	\$	\$	\$
(h) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$	\$
(i) Net Monthly Rent and Utility Costs for Month of _____ (subtract Line 9(h) from Line 9(g) above)	\$	\$	\$	\$	\$	\$
OTHER REASONABLE OUT-OF-POCKET EXPENSES						
Instructions: You may be eligible for other reasonable out-of-pocket expenses as approved by the Applicant in connection with your temporary						
Cost For Month of: _____			(1) Claimant		(2) Agency Use	
(Month) (Year)						
(j) Per Diem for unit without cooking facilities: \$ _____ per adult x _____ days in this month period \$ _____ per child under age 12 x _____ days in this month period			\$		\$	
Other (e.g., increased transportation costs, boarding for pets, parking). Itemize.						
(k)			\$		\$	
(l)			\$		\$	
(m)			\$		\$	

(n) Total (add lines 9(j) through 9(m))	\$	\$
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TO BE COMPLETED BY APPLICANT				
SUMMARY OF MONTHLY OUT-OF-POCKET COSTS FOR TEMPORARY RELOCATION				
Line No.:	Amount Claimed:	Amount Recommended:		
(o) Add Lines 9(i) Column 6 and Line 9(n) Column 2	\$	\$		
(p) Multiply Line 9(o) by number of months of temporary relocation (# of months: _____) or enter total amount from all Continuation Sheets, Lines 10(i) Column 6 and 10(n) Column 2	\$	\$		
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
(r) RECOMMENDED	\$			
(s) APPROVED	\$			
Remarks (Attach additional sheets, if necessary)				

<p>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 amounts on Line 7(n), Line 8(m) and Line 9(r), be paid to: <input type="checkbox"/> me <input type="checkbox"/> the contractor(s) (as specified in the Remarks Section). Signature(s) of Claimant(s): _____ Date: _____</p> <p>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)</p>

<p>Eligible Actual Residential Moving Expenses</p> <ol style="list-style-type: none"> 1) Transportation of the displaced person and personal property. Transportation costs for a distance beyond 50 miles are not eligible, unless the Applicant determines that relocation beyond 50 miles is justified. 2) Packing, crating, unpacking and uncrating of the personal property. 3) Disconnecting, dismantling, removing, reassembling and reinstalling relocated household appliances and other personal property. 4) Storage of the personal property for a period not to exceed 12 months, unless the Applicant determines that a longer period is necessary. 5) Insurance for the replacement value of the property in connection with the move and necessary storage. 6) The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent, or employee) where insurance covering such loss, theft, or damage is not reasonably available. 7) Other moving-related expenses that are not listed as ineligible under §24.301(h), as the Applicant determines to be reasonable and necessary.
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[CONTINUATION SHEET]
Claim for Temporary Relocation
Expenses (Residential Moves)

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10. CONTINUATION SHEET FOR EACH ADDITIONAL MONTH OF TEMPORARY RELOCATION Costs listed on this form are for the period beginning _____ and ending _____ TOTAL # OF MONTHS: _____ <div style="text-align: center;"> (Month/Day) (Year) (Month/Day) (Year) </div>						
DETERMINATION OF RENT AND AVERAGE MONTHLY UTILITY COSTS Instructions: To compute the payment, entries on Line (i) must reflect all utility services. Therefore, identify on Lines 10(b) through 10 (f) each utility necessary to provide electricity, gas, other heating/cooking fuels, water and sewer. In those cases where the utility service is covered by the monthly rent, enter "IMR" (In Monthly Rent). If a monthly housing program subsidy (e.g., Housing Choice Voucher/Section 8, other) has been provided, enter the applicable amount on Line 10(h).						
Temporary Relocation Cost for Periods That Exceed One Month (For temporary relocation that lasts more than one month, complete this Continuation Form for each additional month of temporary relocation.	Unit You Moved From		Unit You Moved To		Increase In Monthly Cost	Amount Approved
	(1) Claimant	(2) For Agency Use Only	(3) Claimant	(4) For Agency Use Only	(5) For Agency Use Only	(6) To Be Provided by Agency
(a) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: <input type="checkbox"/> All utilities included <input type="checkbox"/> Utilities not included (list on Lines 10 (b) to 10(f) below)	\$	\$	\$	\$	\$	\$
(b) Electricity	\$	\$	\$	\$	\$	\$
(c) Gas	\$	\$	\$	\$	\$	\$
(d) Water/sewer	\$	\$	\$	\$	\$	\$
(e) Sanitation	\$	\$	\$	\$	\$	\$
(f) Other	\$	\$	\$	\$	\$	\$
(g) Gross Monthly Rent and Utility Costs (add Lines 10(a) through 10(f))	\$	\$	\$	\$	\$	\$
(h) Monthly Housing Subsidy, if applicable (e.g., Housing Choice Voucher/Section 8, other)	\$	\$	\$	\$	\$	\$
(i) Net Monthly Rent and Utility Costs for Month of _____ (subtract Line 20(h) from Line 10(g) above)	\$	\$	\$	\$	\$	\$
OTHER REASONABLE OUT-OF-POCKET EXPENSES Instructions: You may be eligible for other reasonable out-of-pocket expenses as approved by the agency in connection with your temporary move.						
Monthly Cost For Month of: _____ <div style="text-align: center;"> (Month) (Year) </div>			(1) Claimant		(2) Agency Use	
(j) Per Diem for unit without cooking facilities: \$ _____ per adult x _____ days in this month period \$ _____ per child under age 12 x _____ days in this month period Other (e.g., increased transportation costs, boarding for pets, parking). Itemize.			\$		\$	
(k)						
(l)			\$		\$	
(m)			\$		\$	
(n) Total (add lines 10(j) through 10(m))			\$		\$	