
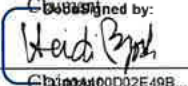



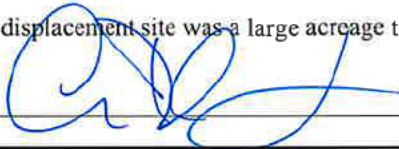


CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Mark Bjork and Heidi Bjork	Parcel No.: 335	County: Williamson				
	Project: Hero Way/FM 2243					
	4. Occupancy of Property Acquired by County					
	From (Date): 2011	To (Date of Move) 05/31/2024				
2. Address of Property Acquired by County: [REDACTED]	5. Controlling Dates			Mo.	Day	Yr.
	a. First Offer in Negotiations			12	26	2023
	b. Date Property Acquired			04	01	2024
	c. Date Required to Move			05	12	2024
6. Dwelling:(house, apartment, etc.)						
<input type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input checked="" type="checkbox"/> Tenant <input checked="" type="checkbox"/> Unfurnished						
3. Address Moved To: [REDACTED]	(1) Number of Rooms: 9 (2) Payment Schedule Amount \$ 2,050.00 (3) Total Amount of Claim: \$ 2,050.00					
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.						
6/12/2024 _____ Date of Claim		DocuSigned by:  _____ DocuSigned by:  _____				
Spaces Below to be Completed by County						
8. Type occupancy and number of rooms verified prior to move on: Date: 12/14/2023 By:  _____ Signature			9. Vacancy verified on: Date: 06/07/2024 By:  _____ Signature			
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct.						
This claim is recommended for payment. This claim is recommended for payment as follows:						
Amount of \$ 2,050.00						
6-12-2024 _____ Date		_____ Relocation Agent				
APPROVED _____ Date		_____ Williamson County Judge				

Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room	1	1
Dining Room	1	1
Kitchen	1	1
Family Room	1	1
Bedroom	4	4
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
Others		
Basement		
Garage		
Storage Room		
Attic		
Yard	1	1
Total	9	9
<p>Remarks: (Where totals in the two columns differ by line item explain in "Remarks")</p> <p>Because the displacement site was a large acreage tract the displacee had a large amount of personal property that was in the yard.</p> <p>Signed  _____</p>		

Moving Expense Schedules A & B

A. UNFURNISHED UNITS - Occupant owns furniture.

No. of Rooms	One	Two	Three	Four	Five
Amount	\$600	\$800	\$1,000	\$1,200	\$1,400
No. of Rooms	Six	Seven	Eight	Each Additional Room	-
Amount	\$1,600	\$1,750	\$1,900	\$150 + room	-

B. FURNISHED UNITS - Occupant does not own furniture.

First Room	Each Additional Room
\$400	\$50

Living Room
 Dining Room
 Kitchen
 4 bedrooms
 Family room
 yard

rooms

1900
 150
2050
 \$2,050.00

CERTIFICATION OF ELIGIBILITY

Project: *Horo Way / RM 2243*

Parcel: *335*

Displacee: *Mark Bjork and Heidi Bjork*

Individuals, Families and Unincorporated Businesses or Farming Operations

I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

Citizens or Nationals of the United States

or

Aliens lawfully present in the United States

* If an Alien lawfully present in the United States, supporting documentation will be required.

M. Bjork
Claimant

Date: *12.14.23*

Heidi Bjork
Claimant

Date: *12.14.23*

Incorporated Business, Farm or Nonprofit Organizations

I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.

Claimant

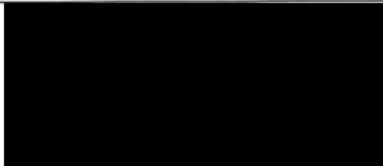
Date:

Contact Notes

Project Hero Way/RM2243

Parcel 335

Name Mark Bjork and Heidi Bjork

Date	Comments
10-6-22	Met with appraiser to inspect property, met with displacee to obtain preliminary information.
	Mark Bjork  Heidi Bjork
12-14-23	Met with Mark and Heidi Bjork to parcel to discuss their relocation benefits. They are a residential tenant; Mark Bjork also operates his business on this parcel so they are also eligible as a business displacee. I explained the eligibility for a rental supplement and moving I tole them I would be preparing a rent supplement.
	I also explained their eligibility as a business displacee, reestablishment, searching and moving and also fixed move. Mr. Bjork is currently looking for a replacement location for his business which is cabinet refinishing.
12/26/23 01/16/24 01/18/24	IOL sent to Property owner. Rent supplement completed and sent to Sheets and Crossfield for review and approval. Rent supplement approved.
01/19/24 01/30/24	90 day residential letter sent. 90 day business letter sent. Called Mark Bjork to follow up on 90 day letters. They have got a realtor and re currently looing for a replacement dwelling. He is also looking for a replacement location for his business.
02/16/24	I met with Mark Bjork at a possible replacement location for his business. I went over his business relocation options with him again because of the displacement and because of the down time and moving of his business he is thinking about doing a in Liew of payment, I explained what I needed and he was going to have his CPA contact me to provide the needed documents.
02/22/24 02/26/24 02/28/24	I spoke with Mr. Bjork's CPA and explained what was needed and he was going to mail documents. Mark and Heidi Bjork have decided to find a and purchase a replacement house in place of renting . DS&S inspection for Bjork's replacement dwelling. Discussed needed loan and closing documents with Mr. Bjork and his loan officer to complete claim.

