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| **Print or Type All Information - Read Rules on Page 2** |
| To:      | TxC Parcel ID:      | County:       |
| TxC ROW Project ID:      | ROW CSJ:      |
| 1. Applicant’s Name:

      | 1. Applicant’s Telephone No.:

      |
| 3. Address of Property Acquired by State:      | 1. Place of Storage or Lodging (Name & Address):

          Telephone No.:       |
| 5. Occupancy of Property Acquired by State:From (Date):       To (Date of Move):       | 6. Estimated Period of Temporary Lodging:From (Date):       To (Date of Move):       |
| [ ]  Individual - Family [ ]  Tenant[ ]  Owner-Occupant [ ]  Farm Operation[ ]  Business [ ]  Nonprofit Organization | 7. Estimated Period of Storage:From (Date):       To (Date of Move):       |
| 8. Authorization is requested for storage of personal property and/or temporary lodging for the period shown in Blocks 6 and 7 above for the reasons indicated in the attached statement. It is understood reasonable storage and/or temporary lodging cost can only be paid upon presentation of receipted bills as a part of an actual cost move. I certify that I have read and understand the rules listed on the reverse side of this application and that all information attached hereto or included herein is true and correct. By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date of Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title or Position (Owner, Manager, Etc.) |
| **Spaces Below to be Completed by State** |
| I certify that I have examined this request for Determination of Entitlement and supporting documentation and:[ ]  Recommend as reasonable and necessary temporary lodging for a period not to exceed      .[ ]  Recommend as reasonable and necessary storage for a period not to exceed      .[ ]  Find that we cannot authorize storage of personal property and/or temporary lodging because      . (List reasons payment cannot be authorized. Use extra page if necessary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Right of Way Manager |
| Storage of personal property and/or temporary lodging is approved for a period not to exceed that shown above.Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Right of Way Division Director  |

**Rules**

1. If request is for the storage of personal property belonging to a person, business, farm or nonprofit organization other than the applicant, the name of the owner of the personal property shall be shown in Block No. 1 with the applicant's name.

2. Signature of applicant must agree with name shown in Block No. 1. When request is submitted in behalf of a business, farm operation or nonprofit organization, the applicant's title or position with the firm must be shown below his or her signature (i.e., owner, partner, president, general manager, etc.).

3. Applicants must provide information with their request to fully support the need for storage of personal property and/or temporary lodging. Storage requests must be accompanied by a list identifying each item of personal property to be placed in storage.

4. Payments cannot be authorized for storage of personal property on the acquired property or on other real property owned or leased by the displacee or members of his or her immediate family.

5. Payments for storage shall terminate when any item is removed from storage, even if replaced by a

 like item.

6. This request is not a claim for payment. Claims for payments of storage and temporary lodging costs shall be accepted only when it has been determined that the applicant herein is eligible for such payment and upon presentation of paid receipted bills or other evidence of incurring such expenses.