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| County | | | | | | | | | | | | | | Route | | | | | Parcel | | | | | Federal No. | | | | | | | Job No. | | | | | |
| Relocatee(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Claim | | | | | |
| Type Property Involved (subject)  Business | | | | | | | | Farm Operation | | | | | | | Displacement  Total | | | | | | | | | | | Partial | | | | | | | | | | |
| Address or Location at Time of Displacement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Site Occupied | | | | | | | |
| Date Established | | | | | | | Was subject business or farm operation conducted at other address or location within  two-year period prior to year displacement occurred?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Real Property from which Displaced  Owned | | | | | | | | | Rented | | | | | | | If Rented, Landlord’s Name | | | | | | | | | | | | | | | | | | | | |
| Landlord’s Address | | | | | | | | | | | | | | | | If Business, Give Name of Firm | | | | | | | | | | | | | | | | | | | | |
| Type of Business Conducted | | | | | | | | | | If Farm Operation, Define Type of Farming Operation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was Business or Farm Operation  Full Time  Part Time | | | | | | | | | | Business or Farm is Being  Continued  Terminated | | | | | | | | | | If Continued, Give New Address or Location | | | | | | | | | | | | | | | | |
| Approximate Miles Moved | | | | | | | | | | New Telephone Number | | | | | | | Date New Site Occupied | | | | | | | | | | Replacement Site  Purchased  Rented | | | | | | | | | |
| **USE THIS SPACE IF FULL TWO-YEAR PERIOD WAS USED IN COMPUTING PAYMENT \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Net Earnings for Year Immediately Preceding Year in which Business or Farm was Displaced | | | | | | | | | | | | | | | | | | | | | | | CY  FY | | | | | | | | | |  | | | |
| Total Net Earnings for Second Year Prior to Year in which Business or Farm was Displaced | | | | | | | | | | | | | | | | | | | | | | | CY  FY | | | | | | | | | |  | | | |
| Total Net Income for Two-Year Period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $0.00 | | | |
| Total Net Income for Two-Year Period = $0.00 | | | | | | | | | | | | | Divided by 2 = | | | | | $0.00 | | | | | | | | | Average Net Earnings $0.00 | | | | | | | | | |
| Amount Claimed is | |  | | | | | | | | | (Maximum $40,000, Minimum $1,000) Copies of Acceptable Documentation Must be Attached | | | | | | | | | | | | | | | | | | | | | | | | | |
| **USE THIS SPACE IF LESS THAN TWO FULL YEAR PERIOD WAS USED IN COMPUTING PAYMENT \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Net Earnings | | | | |  | Months During Calendar Year | | | | | | | | | | |  | | | | FY | | | | | | | | | $0.00 | | | | | | |
| Total Net Earnings | | | | |  | Months During Calendar Year | | | | | | | | | | |  | | | | FY | | | | | | | | | $0.00 | | | | | | |
|  | | | | | Total Months Involved | | | | | | | | | | | | 0 | | | | Total Net Income For This Period | | | | | | | | | $0.00 | | | | | | |
| Total Net Income | | | $0.00 | | | | | | ÷ Months in operation | | | | | | | = 0 | | | | | | X 12 = | | | $0.00 | | | | | | | Average Net Income | | | | |
| Amount Claimed is | | |  | | | | | | | (Maximum $40,000, Minimum $1,000) Copies of Acceptable Documentation Must be Attached | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE THAT BUSINESS OR FARM OPERATION WAS REQUIRED TO VACATE BY STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
| IF R/W PARCEL VACATED PRIOR TO STATE’S VACANCY DEADLINE, SHOW ACTUAL DATE VACATED | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
| **Applicable to Displaced Business Only:** I/We certify the above business cannot be relocated without a substantial loss of its existing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| patronage. I/We further certify the business is not part of a commercial enterprise having more than three other establishments which are not | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| being acquired by the State or the United States and which is engaged in the same or similar business. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicable to Displaced Farm Operation Only (Total Acquisition):** I/We certify the above farm operation has been completely discontinued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and/or removed from the subject location. **(Partial Acquisition):** I/We certify any farm operation now being conducted on the portion of the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| subject property remaining after the highway acquisition is substantially different from the farm operation that existed prior to the acquisition. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicable to Both:** I/We certify no moving cost claim has been or will be filed for the cost of moving the personal property used in the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| operation of the above business or farm operation. I/We further certify the subject business or farm operation contributed materially to my/our | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| total net income. I/We further certify the entire period in which my/our business or farm operation was in existence (up to two full taxable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| years), prior to the taxable year in which the displacement occurred has been included in the above computations. The undersigned further | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| certifies under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, this claim and information submitted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| herewith have been examined by us and are true, correct and complete, and I/we understand apart from the penalties and provisions of U.S.C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title 18, Sec.1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| claim. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The undersigned certifies to being a U.S. citizen or an alien that is lawfully present in the U.S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signatures  ► | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |
| \* INCLUDE INCOME PAID TO  OWNER  OWNER’S SPOUSE  DEPENDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO BE COMPLETED BY DISTRICT R/W UNIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copies of verified federal income tax returns – or other approved documentation – are in unit file | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Computations have been checked and are correct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explanation in unit file telling why business cannot be relocated (and, if applicable, why it cannot continue on remainder of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| partial taking) without a substantial loss of its average annual net earnings. Business or farm operation meets material | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| contribution requirements under 3-point contribution test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I concur, and documentation supports the fact, that it was necessary to discontinue or substantially change the farm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| operation after the taking (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income tax returns – or other approved documentation – prove claim amount to be correct (amounts compatible with claim) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claim Submitted within required eighteen month time limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relocatee occupied subject at:  Initiation of negotiations  time property was acquired  both | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The total sum | | | |  | | | | | | | | is approved for payment under this claim. | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify the above information has been checked against this district’s records and it is a just and correct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| payment. I further certify I have no direct or indirect present or contemplated personal interest in the | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| transaction and I will not derive any benefit from the payment of the above claim. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature  ► | | | | | | | | | | | | | | | | Title | | | | | | | | | | | | | | | | | | | Date | |
| THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature  ► | | | | | | | | | | | | | | | | Title | | | | | | | | | | | | | | | | | | | Date | |
| I Concur | District R/W Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | |