Claim for Actual Reasonable Moving and Related Expenses - Nonresidential
(49 CFR 24 Subpart D)

U.S. Department of Housing and Urban Development

OMB Approval No. 2506-0016
(exp. 10/31/2011)

For Agency Use Only Name of Agency	Project Name or Number	Case Number

Instructions: This claim form is for the use of displaced businesses, nonprofit organizations, and farms that wish to claim a payment for **Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses**, rather than claim a **Fixed Payment,** under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). The Agency will explain the difference between the two payments and will help you complete this form. HUD provides information on these requirements and other guidance materials on its website at www.hud.gov/relocation. If you are eligible for either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. **All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).**

Attach supplemental pages as necessary. All expenses must be thoroughly identified and be accompanied by receipts or other appropriate documentation to be eligible for payment. Professional services and other claims for time expended based on salaries, earnings or fees related to 49 CFR 24.301(g)(12), 24.301(g)(17)(iii)-(vi), and 24.303(b), must be actual, reasonable, necessary, and should be preapproved by the Agency.

(**Eligible Moving Expenses:** See 24.301(g)(1)-(7); 24.301(g)(11)-(18) & 24.303; **Ineligible Moving Expenses:** See 24.301(h))

(**Eligible Reestablishment Expenses:** See 24.304(a); **Ineligible Reestablishment Expenses:** See 24.304(b))

Section A. General

1. Name of Business, Farm or Nonprofit Organization	2. Name, Title, Address and Telephone Number of Claimant or Claimant's Authorized Agent	
3. Address from which Business, Farm or Nonprofit Organization moved		
4a. Address to which Business, Farm or Nonprofit Organization moved	4b. Date Move Started (mm/dd/yyyy)	4c. Date Move Completed (mm/dd/yyyy)

5. Type of Operation (Check One)	6. Type of Ownership (Check One)	7. Is this a Final Claim?
☐ Business ☐ Farm Operation	☐ Sole Proprietorship ☐ Corporation	☐ Yes
☐ Nonprofit Organization	☐ Partnership ☐ Nonprofit Organization	☐ No (If "No," attach an explanation)

8. Certification of Legal Residency in the United States (Please read instructions below before completing this section.)

Instructions: To qualify for relocation advisory services or relocation payments authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" must be a United States citizen or national, or an alien lawfully present in the United States. **The certification below must be completed in order to receive any relocation benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) Please address only the category that describes your citizenship status. For item (2), please fill in the correct number of partners. The certification for a nonresidential displaced person may be signed by an owner or other person authorized to sign on its behalf. **Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

NONRESIDENTIAL DISPLACEMENTS

(1) Sole Proprietorship.
I certify that I am: (check one)
_____ a citizen or national of the United States
_____ an alien lawfully present in the United States.

(2) Partnership.
I certify that there are _____ partners in the partnership and that_____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.

(3) Corporation. (Name of Corporation)
I certify that _____, is established pursuant to State law and is authorized to conduct business in the United States.

Section B. Supporting Data for Moving Expenses (Not identified in Sections C, D, E, F or G) (49 CFR 24.301(d) & 24.301(e)) (Attach supplemental page if additional space is needed and attached receipts for costs incurred.) (Identify if move is commerical move ☐, self move ☐, or combination move ☐; if combination move, identify each expense as commerical or self move.)

Expense Identification	Amount Claimed	For Agency Use Only
(1)	$	$
(2)		
(3)		
(4)		
(5) **Total Costs** (Include this amount in line (1) of Item 9, Total)	$	$

Section C. Supporting Data for Storage Costs (49 CFR 24. 301(g)(4))

Is This a Final Claim for Storage? ☐ Yes ☐ No

Date Moved to Storage (mm/dd/yyyy)	Date Moved From Storage (mm/dd/yyyy)	Name and Address of Storage Company

Computation of Storage Costs

Item	Amount	For Agency Use Only
Monthly Rate for Storage	$	$
Number of Months in Storage		
Total Storage Costs (Include this amount in line (1) of Item 9, Total)	$	$

Description of Property Stored (List may be attached)

Section D. Supporting Data for Searching Expenses (49 CFR 24.301(g)(17))

	Amount Claimed	For Agency Use Only
(1) Searching Time Number of Hours ( ) x Hourly Rate of Earnings ( ) =	$	$
(2) Time Spent Obtaining Permits, Attending Zoning Hearings Number of Hours ( ) x Hourly Rate of Earnings ( ) =	$	$
(3) Time Spent Negotiating Purchase/Lease of Replacement Site Number of Hours ( ) x Hourly Rate of Earnings ( ) =	$	$
(4) Transportation (Consult with Agency on allowable rate per mile of personal vehicle)	$	$
(5) Lodging (Dates: Attach receipts)	$	$
(6) Fees Paid to Real Estate Broker or Agent, (Excluding fees or commissions related to site purchase) (Attach contract or other evidence)	$	$
(7) Cost of Meals	$	$
(8) Other Expenses (Specify and attach receipts)	$	$
(9) Total Searching Expenses (Add lines (1) thru (9). Include this amount, or $2,500, whichever is less, in line (1) of Item 9 Total.)	$	$

Section E. Supporting Data for Payment for Actual Direct Loss of Personal Property (List separately each item for which amount claimed in Column (f) is more than $500. Other Items may be grouped together. The Agency will advise on acceptable method for listing items. Attach additional sheets, as needed.) (49 CFR 24.301(g)(14))

(a) Identify Personal Property for Which Payment for Actual Direct Loss is Requested	(b) Fair Market Value As Is For Continued Use At Present Location (Attach appraisals or other evidence)	(c) Proceeds From Sale	(d) Value Not Recovered By Sale (Column (b) minus Column (c))	(e) Estimated Cost of Moving Old Property As Is (To be entered by Agency) (see 24.301(g)(14)(ii))	(f) Amount Claimed (Lesser of Column (d) or (e))	(g) For Agency Use Only
	$	$	$	$	$	$

Claimant's Release of Personal Property

I/We release to the Agency ownership of all personal property remaining on the real property.

Signature(s) of Claimant(s) or Agent | Date (mm/dd/yyyy)

(1) Total (Add all entries in column (f) above)	$	$
(2) Cost of Effort to Sell Property (e.g., advertising) (49 CFR 24.301(g)(15))	$	$
(3) Total Amount Claimed (Add lines (1) and (2). Include this amount in line (1) of Item 9 Total)	$	$

Section F. Supporting Data for Substitute Personal Property. List separately each item for which amount claimed in column (f) is more than $500. Other items may be grouped together. The agency will advise on acceptable method of listing items. Attach additional sheets, as needed.) (49 CFR 24.301(g)(16))

(a) Identify Substitute Personal Property for which Payment is Requested	(b) Actual Cost of Substitute Property Delivered and Installed at New Location (Attach documentation)	(c) Proceeds From Sale orTrade-in of Property That Was Replaced	(d) Net Cost of Substitute Personal Property (Column (b) minus Column (c))	(e) Estimated Cost of Moving and Reinstalling Replaced Item (To be entered by agency) (see 24.301(g)(16)(ii))	(f) Amount Claimed (Lesser of column (d) or (e))	(g) **For Agency Use Only**
	$	$	$	$	$	$

Claimant's Release Of Personal Property
I/We release to the Agency ownership of all personal property remaining on the real property.

Signature(s) of Claimant(s) or Agent | Date (mm/dd/yyyy)

(1) Total (Add all entries in column (f) above)	$	$
(2) Cost of Effort to Sell Property (e.g., advertising) (49 CFR 24.301(g)(15))	$	$
(3) Total Amount Claimed (Add lines (1) and (2). Include this amount in line (1) of Item 9 Total)	$	$

Section G. Supporting Data for Related Nonresidential Expenses (49 CFR 24.303)

Only if applicable and Determined Actual, Reasonable and Necessary. (Attach supplemental page, if needed)

Expense Identification	Amount Claimed	**For Agency Use Only**
(1) Utility Connections from Right-of-Way to Improvements at Replacement Site.		
(2) Professional Services for Site Suitability Determination (Based on Agency pre-approved reasonable hourly rates) Number of Hours ( ) X Hourly Rate of Earnings ($) =		
(3) Impact Fees or One Time Assessments for Utility Usage.		
Total Related Nonresidential Expenses: (Add lines (1) through (3)) (Include this amount in line (1) of Item 9 Total)		

Section H. Supporting Data for Reestablishment Expenses. (49 CFR 24.304) (Attach supplemental page if additional space is needed.)

Expense Identification	Amount Claimed	**For Agency Use Only**
(1)	$	$
(2)		
(3)		
(4)		
(5) **Total Costs** (Enter this amount, or $10,000, whichever is less, on line (2) of Item 9)	$	$

Section I. Certification By Claimant(s): I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) or Claimant's Authorized Agent	Title (Type or Print)	Date
X		

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)

9. Computation of Payment

Item	Amount	**For Agency Use Only**
(1) Moving Expenses (From Section B, C, D, E, F, G)	$	$
(2) Reestablishment Expenses (From Section H)	$	$
(3) Other (Attach explanation)	$	$
(4) Total Amount Claimed (Add lines (1) thru (3))	$	$
(5) Amount Previously Received, if any	$	$
(6) Amount Requested (Subtract line (5) from line (4))	$	$

To Be Completed by Agency

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
10. Recommended	$			
11. Approved	$			

Remarks:

Public reporting burden for this collection of information is estimated to average 1.5 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a payment for moving and related expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Privacy Act Notice: This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than apply for a Fixed Payment. (The maximum Fixed Payment is $20,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal Agency for review.