

RE-617  
5/3/2017

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION  
RELOCATION ASSISTANCE PROGRAM  
RESIDENTIAL CLAIM

County: MUS  
Route: 376  
Section: 5.09  
Parcel No: 010-1  
PID No: 115989

Full Name of Claimant: Thomas Rodgers, Hope Miller

Address Moved From: 8895 Gaysport Hill Road  
Gaysport, OH 43720

Address Moved To: 883 Goddard Street  
Zanesville, OH

WARNING - FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS  
MAY LEAD TO IMPRISONMENT OR FINES, OR BOTH

U.S.C. Title 18 Sec. 1001 provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both." Chapter 2913, Ohio Revised Code, provides similar penalties for false, fictitious or fraudulent statements or representations.

PAYMENT ITEMIZATION

MOVING	\$	<u>1,000.00</u>
REPLACEMENT HOUSING PAYMENT	\$	<u>-</u>
RENT SUPPLEMENT / DOWNPAYMENT		<u>                    </u>
INCIDENTAL EXPENSES	\$	<u>-</u>
INCREASE INTEREST PAYMENT	\$	<u>-</u>
<b>TOTAL THIS CLAIM:</b>		<b>\$ <u>1,000.00</u></b>

I hereby certify that I \_\_\_\_\_ from the address shown above and \_\_\_\_\_ a bona fide resident of the property at the address shown above as "address moved to". Further I certify that I am a lawful resident of the United States, that this claim and that all information I have submitted is true and correct. I understand must be audited and approved prior to payment.

Date: 6-7-29 Signature: Hope Miller  
(Displaced Person)

Date: 6-7-29 Signature: Thomas Rodgers  
(Displaced Person)

I hereby certify that the above named claimant is an eligible displacee in accordance with the Rules and Regulations established by the Director, Ohio Department of Transportation, for the Administration of the Relocation Assistance Program and that the named claimant is entitled to the amount indicated above.

Date: 6/7/24 Signature: Amber L. Demie  
(Relocation Agent)

I certify that I have reviewed the file material and find that the amount(s) noted above is / are adequately supported. The claim form is approved for signing by the displaced person(s).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Relocation Reviewer)

Installment Number: \_\_\_\_\_  
 Installment Amount: \_\_\_\_\_  
 Balance of Amount: \_\_\_\_\_  
 Next installment Due: \_\_\_\_\_

Payment indicated above assigned to:  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_

Is this the final payment for the Relocation on this file?: \_\_\_\_\_