

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 Address Moved To: 0
Gaysport, OH 43720 0

**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	\$	-
REPLACEMENT HOUSING PAYMENT	\$	-
RENT SUPPLEMENT / DOWNPAYMENT	\$	-
INCIDENTAL EXPENSES	\$	-
INCREASE INTEREST PAYMENT	\$	-
TOTAL THIS CLAIM:	\$	-

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: _____ Signature: _____
(Displaced Person)

Date: _____ Signature: _____
(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: _____ Signature: _____
(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?: _____