

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
ENTITLEMENT COMPUTATION

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

Comparable selected as basis for correlation of entitlement: Comp1

Basis for the selected comparable is found within the attached Site Description, Comparable Descriptions, Correlation Description and Interior Photos

Rent Differential:

A: Base Rent for Prime Comparable: \$1,058.00

B: Subject Base Rental Rate: \$619.00

or:

C: 30% of Income: \$0.00

D: A minus B (or C) X 42 = Estimated Supplement: \$18,438.00

E: Base Rent for Replacement: \$1,129.00

F: E minus B (or C) X 42: \$19,866.00

G: Lesser D or F = FINAL DIFFERENTIAL: \$18,438.00

Downpayment Assistance:

A: Rent Differential: \$18,438.00

B: LRH Maximum: \$7,200.00

C: Greater of A or B: \$18,438.00

D: Purchase Amount: _____

E: Actual Downpmt: _____

F: Incidental Costs: _____

G: FINAL ADDITIVE: _____

Maximum Rent Differential Certification:

I, the undersigned, hereby state that the amount of: \$18,438.00 has been established by me as the Rent Differential Maximum for the subject displaced. I understand that this determination may be used in securing parcels in connection with Federal-Aid or Project. I further state that I have no direct or indirect, present or contemplated personal interest in this transaction or will I derive any benefit from this differential payment. I further state that all housing was interiorly and exteriorly inspected by myself and the dwellings utilized in this determination are available, decent, safe and sanitary open fair housing.

Signature: _____

Date: _____

FOR REVIEWER PURPOSES ONLY:

Less than (3) Approved?: N/A LRH Approved?: Yes

Signature: _____

Date: _____

Final Differential Certification:

I, the undersigned, hereby state that the amount of: \$18,438.00 has been established by me as the final additive payment for the subject displaced person. I understand that this determination may be used in securing parcels in connection with a Federal Aid Highway or Project. I further state that I have no direct or indirect, present or contemplated personal interest in this transaction or will I derive any benefit from this additive payment.

Signature of Agent: _____

Signature of Reviewer: _____

Date: _____

RE-611(T)p2
5/3/2017

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
COMPARABLE UTILITY ANALYSIS
(FOR TENANT USE ONLY)

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

Subject	Comp 1	Comp 2	Comp 3	Replacement
Electric: \$63.00	\$48.00	\$91.00	\$77.00	\$111.00
Gas:	\$63.00	\$60.00	\$60.00	\$43.00
Fuel Oil:				
LP: \$81.00				
Water:	\$27.00	\$27.00	\$27.00	\$37.00
Sewage:	\$48.00	\$48.00	\$48.00	\$42.00
Other				
trash	\$22.00	\$22.00	\$22.00	\$31.00
Range/Microwave				\$7.00
Refrigerator				\$8.00
I.D. other item:				
Total Utility Usage: \$144.00	\$208.00	\$248.00	\$234.00	\$279.00
Econ. / Contract Rent: \$475.00	\$850.00	\$850.00	\$825.00	\$850.00
Total Base Rent: \$619.00	\$1,058.00	\$1,098.00	\$1,059.00	\$1,129.00

30% of Income VERSUS Site Base Rent

Income Limit - Designated Area: \$0.00
 Gross Monthly Income: \$0.00
 X 30% of Income: \$0.00
 Site Base Rent: \$619.00
 Lesser of 30% or Base: \$0.00

Low Income Limit: \$0.00
 Annual Income of Principle Wage Earner: \$0.00
 Qualified as Low Income: No

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

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
COMPARABLE UTILITY ANALYSIS
(FOR TENANT USE ONLY)

Subject	Comp 1	Comp 2	Comp 3	Replacement
Electric: \$63.00	\$48.00	\$79.00	\$69.00	
Gas:	\$63.00	\$60.00	\$60.00	
Fuel Oil:				
LP: \$81.00				
Water:	\$27.00	\$35.00	\$27.00	
Sewage:	\$48.00	\$48.00	\$48.00	
Other				
trash	\$22.00	\$22.00	\$22.00	
I.D. other item:				
I.D. other item:				
I.D. other item:				
Total Utility Usage: \$144.00	\$208.00	\$244.00	\$226.00	\$0.00
Econ. / Contract Rent: \$475.00	\$850.00	\$850.00	\$825.00	
Total Base Rent: \$619.00	\$1,058.00	\$1,094.00	\$1,051.00	\$0.00

30% of Income VERSUS Site Base Rent

Income Limit - Designated Area: \$0.00
 Gross Monthly Income: \$0.00
 Low Income Limit: \$0.00
 X 30% of Income: \$0.00
 Annual Income of Principle Wage Earner: \$0.00
 Site Base Rent: \$619.00
 Qualified as Low Income: No
 Lesser of 30% or Base: \$0.00

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
ENTITLEMENT COMPUTATION

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B: Subject Base Rental Rate:	\$619.00
or:	
C: 30% of Income:	\$0.00
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E: Base Rent for Replacement:	\$1,058.00
F: E minus B (or C) X 42	\$18,438.00
G: Lesser D or F = FINAL DIFFERENTIAL:	\$18,438.00

Downpayment Assistance:	
A: Rent Differential:	\$18,438.00
B: LRH Maximum:	\$7,200.00
C: Greater of A or B:	\$18,438.00
D: Purchase Amount:	_____
E: Actual Downpmt:	_____
F: Incidental Costs:	_____
G: FINAL ADDITIVE:	_____

Maximum Rent Differential Certification:

I, the undersigned, hereby state that the amount of: \$18,438.00 has been established by me as the Rent Differential Maximum for the subject displaced. I understand that this determination may be used in securing parcels in connection with Federal-Aid or Project. I further state that I have no direct or indirect, present or contemplated personal interest in this transaction or will I derive any benefit from this differential payment. I further state that all housing was interiorly and exteriorly inspected by myself and the dwellings utilized in this determination are available, decent, safe and sanitary open fair housing.

[Signature]
Signature: _____

January 30, 2014
Date: _____

FOR REVIEWER PURPOSES ONLY:

Less than (3) Approved?: N/A LRH Approved?: Yes

Signature: _____ Date: _____

Final Differential Certification:

I, the undersigned, hereby state that the amount of: \$18,438.00 has been established by me as the final additive payment for the subject displaced person. I understand that this determination may be used in securing parcels in connection with a Federal Aid Highway or Project. I further state that I have no direct or indirect, present or contemplated personal interest in this transaction or will I derive any benefit from this additive payment.

[Signature]
Signature of Agent: _____

Signature of Reviewer: _____ Date: _____

Replacement Site

- new #'s as of 6/1/24

ALLOWANCES FOR TENANT-FURNISHED UTILITIES							
Zanesville Metropolitan Housing Authority							1/1/2023
Single Family							
		0 bed	1 bed	2 bed	3 bed	4 bed	5 bed
Heating							
a. Natural gas		\$53	\$57	\$60	\$67	\$76	\$79
b. propane		\$43	\$63	\$81	\$99	\$124	\$139
c. electric		\$27	\$37	\$48	\$58	\$71	\$81
d. fuel oil		\$45	\$70	\$82	\$102	\$127	\$149
Cooking							
a. natural gas		\$3	\$3	\$3	\$3	\$3	\$9
b. Propane		\$7	\$11	\$12	\$17	\$23	\$27
c. electric		\$2	\$2	\$3	\$3	\$4	\$9
Other Electric							
a. electric		\$18	\$24	\$26	\$31	\$36	\$38
Air Conditioning							
a. electric		\$11	\$11	\$14	\$16	\$21	\$24
Water Heating							
a. natural gas		\$9	\$9	\$13	\$14	\$19	\$21
b. Propane		\$17	\$23	\$30	\$33	\$42	\$47
c. electric		\$4	\$10	\$11	\$13	\$17	\$22
Water & Sewer							
	Dresden	\$55	\$55	\$60	\$69	\$73	\$78
	Fazeysburg	\$58	\$58	\$58	\$58	\$58	\$58
	New Concord	\$27	\$54	\$82	\$132	\$185	\$231
	Roseville	\$80	\$80	\$94	\$138	\$169	\$213
	Zanesville	\$33	\$46	\$62	\$93	\$117	\$149
Water (only)							
(East)	Muskingum	\$30	\$30	\$35	\$67	\$81	\$96
	Maysville	\$25	\$32	\$45	\$74	\$103	\$131
	Philo	\$25	\$25	\$25	\$25	\$25	\$25
	So. Zanesville	\$19	\$19	\$27	\$35	\$43	\$51
	Zanesville	\$9	\$13	\$18	\$28	\$35	\$46
Sewer (only)							
	Muskingum County	\$48	\$48	\$48	\$48	\$48	\$48
	So. Zanesville	\$48	\$48	\$48	\$48	\$48	\$48
Trash Collection							
	City of Zanesville	\$22	\$22	\$22	\$22	\$22	\$22
	S Zanesville	\$18	\$18	\$18	\$18	\$18	\$18
	Other areas	\$20	\$20	\$20	\$20	\$20	\$20
Range/Microwave							
		\$8	\$8	\$8	\$7	\$7	\$7
Refrigerator							
		\$6	\$6	\$6	\$9	\$10	\$10

Replacement Site
 new #'s as of 6/1/24

\$230⁰⁰

115989

3ish — 12 pm —
↑ James Jr.

Small piles of drywall
inside
trash dump truck
3 piles —

Travel Expense
cancel out of
oaks

Dina retiring
3 staff - billing

out of town 740-
email: Lora crnc@
corycunningham@acmrinc.com
gmail.com

OR 286 / PG 2501

5pm
~~Monday~~

Friday

6/5/24 - msg 6/14/24
buying the property text
6/14/24 4:58 Penny's
Pat McKinley family's
Wilson's home
vacated 7640
877
8064 Penny

Mr. Parker
740-427-7147
called left msg.

left
delivered

cut - RE24 -

(49)

Paradot
out for

Heim, Kimber

From: Moorman, Patty
Sent: Thursday, August 22, 2024 2:23 PM
To: Heim, Kimber
Cc: Missler, Travis; Wooldridge, John
Subject: RE: 115989 PCL 010-1

Kimber,

Please forward the requested revisions/information as stated below as soon as possible so that I can approve the claim for this Displacee.

Patty Moorman

Relocation Unit Manager

ODOT Office of Real Estate, MS 4120
1980 W. Broad St., Columbus, OH 43223
Cell 1-419-551-8716
Patty.Moorman@dot.ohio.gov



**Department of
Transportation**

From: Moorman, Patty
Sent: Thursday, August 15, 2024 9:41 AM
To: Heim, Kimber <Kimber.Heim@dot.ohio.gov>
Cc: Missler, Travis <Travis.Missler@dot.ohio.gov>; Wooldridge, John <John.Wooldridge@dot.ohio.gov>
Subject: RE: 115989 PCL 010-1

Kimber,

I have completed the review of your billing package. This is what I need and/or corrections that need to be made. Many of these I previously requested. These need made ASAP so that the RSP can be submitted for billing. This RSP should have been billed back in June when the lease was signed so this needs to be your priority. I will not sign the claims until I have the revisions. I am teaching classes next week Tuesday through Thursday so please provide me with all the revisions tomorrow or early Monday.

First, all info needs to be in RealOS as soon as you have the corrections made and before the rw bill is prepared.

I see a copy of the utility worksheets now, but you have not circled the utilities for the replacement to support the numbers you are utilizing. It is just a blank worksheet. You need to indicate the type of utility (circle), the category

6603.09 Billing Package- Owner Occupant of Less than 90 Days or Tenant Occupant Who Rents

A. The complete billing package must be approved by the Relocation Reviewer prior to the Residential Claim Form (RE-617) being presented to the Displaced Person for signature. The contents of the billing package for a replacement housing payment are:

1. ~~W-9~~ Form and Vendor Information Form (VIF), as applicable.
2. Original and one copy of the Residential Claim form (RE-617). ✓ 3
3. One copy of the Residential Site Occupant Relocation Record form (RE-610). ✓
4. One copy of the Relocation Comparables and Additive Computation form (RE-611) plus the Utility Allowance Schedule for the site and comparables. ✓ T, Tp2, Tp3
5. One copy of the RE 607 with attached, signed and dated lease or three rent receipts for the acquired site and one rent receipt for the replacement site, plus the Utility Allowance Schedule for the replacement site. ✓ no receipts yet
6. One copy of the Economic Rent, if applicable, including:
 - a. One copy of the documentation to support all figures used in the Economic Rent computation.
7. One copy of the Tenant Income Verification form (RE-604) if the 30% of income approach is applicable. Include a copy of the appropriate U.S. Department of Housing and Urban Development's Annual Survey of Income Limits for the Public Housing and Section 8 Programs web page highlighted for the project area.
8. One copy of the Decent, Safe and Sanitary Certification form (RE-616). ✓
9. One copy of the Relocation Offer Letter/90-Day Notice Letter (RE-O or RE-T). ✓
10. One copy of the memo to file on a request for Last Resort Housing, if applicable. ✓
11. One copy of the memo to file on a request for the use of Less than Three Comparables, if applicable.
12. One copy of the Assignment Letter when payment is to be made to a third party. The assignment must be signed and dated by both the Displaced Person and the Assignee. The Assignee's tax identification number should also appear on this form.
13. One copy of any Appeal Letter and related documentation, if applicable.
14. One copy of the Relocation Agent's typed notes (RE-615). ✓
15. One copy of any miscellaneous documentation or memos to file in support of payments, as applicable

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pure comp.

(number of bedrooms) and then total up the utilities for that location on the bottom, indicate the location of the site that the form is for. A blank form does not tell me anything.

Copy form - add for displacement site, replacement site

RE611T has availability date as 1/1/2024 but RSP approval on 1/30/2024. The availability date needs to be on date offer is approved, and again on date offer is made. Notes need to indicate you checked on the availability of the comps on day of the offer.

This was done & had to be redone when Thomas could not be located.

Where is the RE611pg2 signed by me, the reviewer, approving the RSP? sent to you when JK found mistake.

The market rent table dated January 18, 2024 does not have the preparer's signature.

done ↑

Claims for second installment and final payment is not signed by you, the relocation agent.

done

Previously requested-Since the replacement site is owned by the father, please ask for support that it was a previous rental and that the rent being charged is market rent. Since the son will be renting from the father, we need more support that it is arms length and he will actually be paying rent. Has he been paying rent and does he have proof of payment? I don't see any support for this being a rental, other than the father owns it and the kids are moving in. Old lease, rent receipt, name of previous tenant so you can verify it was used as a rental unit.

done. Tenant in prison!

RE-607 Rent and Utility verification form is only partially completed and is not signed by the landlord or the tenant.

done

There are a lot of open blanks on the RE610 that need filled in. You are showing an owner RHP. I assume that is the FMVE and does not go in that location on the form. You need to show the status of the acquisition on the form. Top section-add FMVE and Approval Date. In the Fourth Section: Add Last Date to file claim (18 months from date of offer); Date of Final Acquisition Payment; Date Contract for Subject Signed; 90 day Expiration Date; Date filed by AG (NA); Vacate Notice (NA) Expiration of Vacate (NA).

done per the instructions 3x

Relocation notes- Previously requested-On your notes, add your initials after each entry or sign your signature at the bottom of each page. You are showing one set of initials on the last page only. Your initials after each entry verifies who made the contact with the Displacee for that entry.

Clarification needed in the notes:

- 1) Where did the meetings take place on 11/15/23, 12/14/23, 6/5/24 ✓
- 2) Memo says RSP approved 1/30/2024. Entry in the notes should state RSP was approved and the amount for that date. ✓
- 3) Why was relocation offer not coordinated with acquisition offer to ensure 7 day timeline to present relocation benefits was met? Notes need to explain this. Unable to reach Thomas
- 4) Was there still personal property visible outside on 2/7/24?
- 5) Where did you run into Thomas Jr on 2/7/24?
- 6) DS&S is important to complete BEFORE a signed lease not "now that it is official with a signed lease". Notes should indicate why you were not able to complete the DS&S prior to the Displacees signing a lease and moving in.

Photos of the replacement site should be with the DS&S form.

Photos! Same?

Compliance Issues with this file that cannot be corrected at this point but should clearly be discussed in the notes as to why they did or did not occur in a timely manner as policy directs: Offer made on 2/1/2024 but not acknowledged until 6/7/2024 by the Displacees. Offer left taped on the door, not hand delivered to the Displacees. Offer to tenant not made within 7 days of acquisition offer. DS&S inspection on the replacement site completed 6/7/2024 but lease signed 6/6/2024-inspected after move in. Move authorized on 6/7/2024, but notes say move inspection on 5/6/2024 and then post move in July. Displacees moved out before the move authorization letter. RSP billing two months overdue from date lease was signed.

10-1P For Thomas Sr., The move authorization letter for Thomas Sr left at the displacement site per notes. Did you confirm he received it? Do you have a signed copy of receipt of letter? Do you have the assignment of warrant for the move payment to Thomas Jr signed? Ready to bill the move costs? Where is the documentation and claim for this payment?

Patty Moorman

Relocation Unit Manager

ODOT Office of Real Estate, MS 4120
1980 W. Broad St., Columbus, OH 43223
Cell 1-419-551-8716
Patty.Moorman@dot.ohio.gov



**Department of
Transportation**

From: Heim, Kimber <Kimber.Heim@dot.ohio.gov>
Sent: Tuesday, July 30, 2024 3:30 PM
To: Moorman, Patty <Patty.Moorman@dot.ohio.gov>
Subject: 115989 PCL 010-1

Afternoon Patty:

Have you completed your review? If not, do you agree with the payment as the Thomas has contacted me the landlord is antsy? If you do, I will process the 1st installment and Move Reimbursement.

Kimber L. Heim
Realty Specialist Manager
ODOT – District 5
9600 Jacksontown Road
Jacksontown, OH 43030
Ph: 740-323-5422 (direct) Cell: 740-814-0708
FAX: 740-323-5125



**OHIO DEPARTMENT OF
TRANSPORTATION**

Heim, Kimber

From: Moorman, Patty
Sent: Thursday, July 25, 2024 9:34 AM
To: Heim, Kimber
Subject: RE: 115989 MUS 376

Here's how you do the quarterly payment calculation for Thomas Jr.

6603.07 Disbursement of the Rent Supplement Payment

A rental assistance payment is made directly to the Displaced Person in a lump sum if it is \$12,000.00 or less. If the payment is more than \$12,000.00, it will be disbursed directly to the Displaced Person in quarterly installments until the balance of the Rent Supplement is \$12,000.00 or less, and then the balance will be paid to the Displaced Person in a lump sum. The quarterly installment is the total of three months of the Displaced Person's total rent payment (not to exceed the prime comparable property's combined rent and utilities).

Example

Displacement dwelling rent and utilities	\$800 per month
Comparable dwelling rent and utilities	\$1,250 per month
Replacement dwelling rent and utilities	\$1,350 per month
Total Rent Supplement Payment	$\$1,250 - \$800 = \$450 \times 42 = \$18,900$
1st quarter installment	$\$1,250 \times 3 \text{ months} = \$3,750$
Balance after first installment	\$15,150
2nd quarter installment	$\$1,250 \times 3 \text{ months} = \$3,750$
Balance after second installment	\$11,400

3rd quarter / Final payment

\$11,400

If the Displaced Person has a poor rental history, bad credit or any other type of obstacle to obtaining replacement housing, a rent supplement payment may be assigned directly to the landlord at the replacement dwelling.

From: Heim, Kimber <Kimber.Heim@dot.ohio.gov>
Sent: Thursday, July 25, 2024 7:47 AM
To: Moorman, Patty <Patty.Moorman@dot.ohio.gov>
Subject: RE: 115989 MUS 376

Morning Patty:

I will sending to you today and you will never believe this...well, maybe you will....Thomas Sr.....finally called me and we met yesterday to get his signature on his PP move and the Assignment of Warrant to Thomas Jr for his move reimbursement. Thomas Sr. explained to me his reasoning for not wanting paid direct and the fact Thomas Jr. and his friends did most of the work, he just dropped the dump truck.

I will send Thomas Jr 1st, move reimbursement package. 2nd his RSP package and 3rd will be Thomas Sr.

Kimber L. Heim

Realty Specialist Manager
ODOT – District 5
9600 Jacksontown Road
Jacksontown, OH 43030
Ph: 740-323-5422 (direct) Cell: 740-814-0708
FAX: 740-323-5125



From: Moorman, Patty <Patty.Moorman@dot.ohio.gov>
Sent: Thursday, July 25, 2024 6:43 AM
To: Heim, Kimber <Kimber.Heim@dot.ohio.gov>
Subject: RE: 115989 MUS 376

Still looking for the information on these two parcels so we can get them billed.

Patty Moorman

Relocation Unit Manager
ODOT Office of Real Estate, MS 4120
1980 W. Broad St., Columbus, OH 43223
Cell 1-419-551-8716



Department of Transportation

From: Heim, Kimber <Kimber.Heim@dot.ohio.gov>
Sent: Friday, July 12, 2024 7:59 AM
To: Moorman, Patty <Patty.Moorman@dot.ohio.gov>
Subject: 115989 MUS 376

Great news, Monday Thomas had emptied the entire house. I have an assignment of warrant for the father who is still very elusive as far as a face to face.

I will resend all the documents from before your vacation, and we left it at the 1st payment amount for RSP needing calculated. I am headed out to Guernsey County today for an acquisition meeting. Monday and Tuesday were scheduled but listening to a phone call right now, I think my day on Monday is getting altered...so let's tentatively schedule Tuesday morning at 9?

Hope you have recovering weekend from all your travel and jet lag....

Best regards,

Kimber L. Heim

Realty Specialist Manager

ODOT – District 5

9600 Jacksontown Road

Jacksontown, OH 43030

Ph: 740-323-5422 (direct) Cell: 740-814-0708

FAX: 740-323-5125



OHIO DEPARTMENT OF
TRANSPORTATION

Heim, Kimber

From: Moorman, Patty
Sent: Thursday, August 8, 2024 4:17 PM
To: Heim, Kimber
Cc: Missler, Travis
Subject: RE: 115989 PCL 10-1 Move Cost Billing Package
Attachments: 115989 MUS 376 PCL 010-1 MMO KH2PM re Move Cost Approved 08082024.pdf

2/1/24
8/1/25

6/11/24

4/11/24

7/10/24

RE610-Top section-add FMVE and Approval Date. In the Fourth Section: Add Last Date to file claim (18 months from date of offer); Date of Final Acquisition Payment; Date Contract for Subject Signed; 90 day Expiration Date: Date filed by AG (NA); Vacate Notice (NA) Expiration of Vacate (NA).

On your notes, add your initials after each entry or sign your signature at the bottom of each page.

Please send me your revisions once made. Then you are good to bill for the move costs. You need to add this all to RealOS and do the billing in RealOS.

Patty Moorman

Relocation Unit Manager

ODOT Office of Real Estate, MS 4120
1980 W. Broad St., Columbus, OH 43223
Cell 1-419-551-8716
Patty.Moorman@dot.ohio.gov



**Department of
Transportation**

From: Heim, Kimber <Kimber.Heim@dot.ohio.gov>
Sent: Thursday, August 8, 2024 3:25 PM
To: Moorman, Patty <Patty.Moorman@dot.ohio.gov>
Cc: Missler, Travis <Travis.Missler@dot.ohio.gov>
Subject: 115989 PCL 10-1 Move Cost Billing Package

Attached is the billing package for the Move Cost Reimbursement.

Kimber L. Heim
Realty Specialist Manager
ODOT – District 5
9600 Jacksontown Road
Jacksontown, OH 43030
Ph: 740-323-5422 (direct) Cell: 740-814-0708
FAX: 740-323-5125

RE-610
5/3/2017

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
RESIDENTIAL RELOCATION RECORD

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

Displaced Person(s): Thomas Rodgers, Hope Miller

Date Interviewed: 6/15/23

Site Address: 8895 Gaysport Hill Road
Gaysport, OH 43720

Home Phone: N/A
Cell Phone: 740-487-8603, 740-487-8594, 740-647-2404
Email Address: 0

Date of Occupancy: 1/1/21 Occupancy Class: Tenant: 90 Days or more

Is owner considering retention of the home?: No

Is there a mortgage on the site dwelling?: No Balance: \$0.00 Loan Type: 0 % Rate: 0.00%

Mobile Home Rent: \$0.00 Monthly Dwelling Rent: \$0.00 Utilities for Dwelling: \$144.00

Mobile Home Lot Rent: \$0.00 Utilities for Lot: \$0.00

FMVE: 25000 Approval Date: 4/1/23 *revised party* Rev. FMVE: _____ Approval Date: _____

THSC: _____ Approval Date: _____ Rev. THSC: _____ Approval Date: _____

Owner Occupant:

Tenant Occupant:

Price Differential Computation: \$0.00

Rent Differential Computation: \$18,438.00

Price Differential Approval Date: _____

Rent Differential Approval Date: 1/30/2024

Revised Price Differential Computation: \$0.00

Revised Rent Differential Computation: \$0.00

LRH Approved?: 0

LRH Approved?: Yes

Less than (3) Comps Approved?: 0

Less than (3) Comps Approved?: N/A

of Referrals: 4 Date Sent: 1/22/2024 # of Referrals: _____ Date Sent: _____

of Referrals: _____ Date Sent: _____ # of Referrals: _____ Date Sent: _____

Date Move Approved: 6/7/2024

Initiation of Negotiations: 1/13/2024

Move Auth. Date: 6/7/2024

Price Differential Offer Date: 2/1/2024

Move Type: _____

Revised Price Differential Offer Date: _____

Actual Move Date: 7/11/2024

Date Contract for Subject Signed: _____

Post Move By: Kimber L. Heim

90-Day Expiration Date: _____

Date of Post Move: 7/15/2024

Date filed by Ag's office: _____

Last Date to file a claim: _____

Vacate Notice Delivered: _____

Date of Final Acquisition Payment: _____

Expiration of Vacate Notice: _____

Address Relocated To:

883 Goddard Street
Zanesville, OH

Dwelling Type: 2-Story Single Family

Other: _____

Is Replacement DS&S: Yes

Occupancy Status of Replacement: Tenant

Distance moved: 19.00

Temporary or Permanent Move?: Permanent

Appeal Data

Date: _____ Appeal Granted or Denied?: _____

Basis for granting: _____

Keth

RE 607

STATE OF OHIO

County MUS

6/2023

DEPARTMENT OF TRANSPORTATION

Route 376

TENANT RENT AND UTILITY VERIFICATION

Parcel No. 010-1

Pid No. 115989

Verification of Utilities

The Local Housing Authority's current Allowances for Tenant Furnished Utilities and Other Services will be used to determine the average cost of utilities at the displacement site. If the area is not covered by a Local Housing Authority, the schedule for a nearby and similar Housing Authority shall be used.

	Heat	HW Heater	Stove	Other	Included in monthly rent
Electric	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.
Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.
Natural Gas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.
Fuel Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.
Water/sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No
Trash pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose an item.

Verification of Rent

The Agency will use economic rent if a tenant's lease is not arm's length, if the tenant is providing a service in lieu of rent, or if the Agency is unable to obtain the needed data to verify rent.

Lease/Rental Agreement

Rent Receipts (3 consecutive months)

Copy attached	Yes	Copies attached	Choose an item.
Signed and Dated	Yes	Signed and Dated	Choose an item.
Monthly Rent Paid	\$850.00	Monthly Rent Paid	\$0.00
Other services provided in lieu of rent	_____		
HUD Voucher: Type of Unit	Monthly benefit	\$0.00	Attached Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing below, I certify that the above information relating to rent and utilities for the housing unit Located at 883 Goddard Street, Zanesville, Ohio As set forth is true.

Owner/LandLord

Tenant/Occupant

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 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