

Claim for Optional Temporary Relocation Assistance

For Agency NORTHERN MARIANAS HOUSING CORPORATION Use Only	Project Name or Number	Case Number		
Instructions: This claim form is for the use of families and individuals applying for payment of optional temporary relocation expenses.				
1a. Your Name(s) (You are the Claimant(s)) and Present Mailing Address		1b. Telephone Number(s)		
2a. Have all members of the household moved to the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," list the names of all members and the addresses to which they moved in the Remarks Section.)				
Dwelling	Address	Date	When Did You Move to This Unit?	When Did You Move Out of This Unit?
3. Address That You Moved From				
4. Address That You Moved To				
6. 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, you 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 assistance. (This certification may not have any standing with regard to applicable State laws providing relocation assistance.) Your signature on this claim form constitutes certification. See 49 CFR 24.208(g) and (h) for hardship exceptions. Please address only the category (individual or family) that describes your occupancy status. For Line (2), please fill in the correct number of persons.				
RESIDENTIAL HOUSEHOLDS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (1) Individual. I certify that I am: (check one) _____ a citizen or national of the United States _____ an alien lawfully present in the United States </div> <div style="width: 45%;"> (2) Family. I certify that there are _____ persons in my household and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States. </div> </div>				
7. DETERMINATION OF MOVING AND STORAGE EXPENSES – MOVE TO TEMPORARY UNIT Instructions: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your move to a temporary housing unit. The computation table below provides you with the amount of assistance available to you.				
Move to Temporary Unit	(1) Commercial Move (Actual Costs)		(2) Self-Move (Actual Costs) (Not to exceed cost paid by a commercial mover)	
	Claimant	Agency Use	Claimant	Agency Use
(a) Moving Cost Expenses	\$	\$	\$	\$
(b) Storage cost (not to exceed 12 months)	\$	\$	\$	\$
(c) Total (Lines 7(a) – 7(b))	\$	\$	\$	\$
(d) Total Amount Approved by Agency (for move to temporary unit)		\$		\$
TO BE COMPLETED BY AGENCY				
SUMMARY FOR MOVE TO TEMPORARY HOUSING UNIT				
Line No.:	Amount Claimed:	Amount Recommended:	Date Paid:	Payable To:
(m) RECOMMENDED	\$	\$		
(n) APPROVED	\$	\$		
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
(m) RECOMMENDED	\$			
(n) APPROVED	\$			
Remarks (Attach additional sheets, if necessary)				

Monthly Optional Relocation Lodging Cost ”	Temporary Lodging		Amount Approved
	(3) Amount	(4) Paid to:	(6) To Be Provided by Agency
(a) Rent (The monthly rental amount due under the terms and conditions of occupancy). Check appropriate box: <input type="checkbox"/> All utilities included <input type="checkbox"/> Utilities not included (list on Line 9(b) to 9(f) below)	\$	\$	\$
(b) Hotel	\$	\$	\$
(c) Other	\$	\$	\$
TOTAL	\$		\$

TO BE COMPLETED BY AGENCY				
SUMMARY OF TOTAL COSTS FOR OPTIONAL RELOCATION				
Line No.:	Amount Claimed:	Amount Recommended:		
Total Moving Expenses	\$	\$		
Total Storage Expenses	\$	\$		
Total Lodging Expenses	\$	\$		
TOTAL OPTIONAL RELOCATION COSTS				
Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date (mm/dd/yyyy)
RECOMMENDED	\$			
APPROVED	\$			
Remarks (Attach additional sheets, if necessary)				

CERTIFICATION BY CLAIMANT(S): I certify that this claim and supporting information are true and complete and that I have not been paid for these expenses by any other source. I ask that the amounts on Line 7(n), Line 8(m) and Line 9(r), be paid to: <input type="checkbox"/> me <input type="checkbox"/> the contractor(s) (as specified in the Remarks Section). Signature(s) of Claimant(s): _____ Date: _____ 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)
