

# Fort Bend County Commissioner's Court

**EXECUTIVE SESSION:** October 23, 2018

**PROJECT NAME:** Fort Bend County-Daily Park Project

**PROJECT NUMBER:**

**PARCEL #:** 02

**LANDOWNER INFORMATION:** Zella Salter & The Estate of Laura Salter  
4012 Sanders Rd  
(Also known as 4010-40126 Nails Rd)  
Simonton, TX 77476

**OFFER HISTORY:**

DETAILS:	LAND VALUE ( PER SQ/FT )	VALUE OF IMPROVEMENTS	MOBILE HOME	TOTAL OFFER
OFFER VALUE	\$36,375.00 \$.75 SQ/FT	\$23,637.00	\$39,988.00	\$100,000.00
<b>Move Costs:</b> Harry Johnson Clarence Salter Louis Perkins Demond Walton Zella Salter				<b>Checks:</b> \$4,850.00 \$4,850.00 \$4,850.00 \$4,950.00 \$1,900.00
<b>Move Costs for 5 Displacees</b>	<b>5 RELOCATION CHECKS REQUESTED TOTAL</b>			<b>\$21,400.00</b>

**ACQUISITION DETAILS:**

- Parent Tract ( Acreage ): 1.112 acres
- Parent Tract ( Square Feet ): 48,438 Sq/Ft
- Parcel: (Acres ): 1.112 acres
- Parcel: ( Square Feet ): 48,438 Sq/Ft

**APPRAISAL DETAIL:**

- Land Value Per Sq/Ft \$ 0.75
- Total Land Value \$ 36,375.00
- Parcel Value (Including MH) \$ 100,000.00
- List any improvements & Value: \$ 23,637.00 (Septic, fence, well, etc)
- Mobile Home, Porches and Carport 39,988.00

**ATTACHMENTS:**

- Parcel Map
- Project Map ( With Highlighted Parcel )
- Copy of Motion

**PREPARED BY:** Arlene Kaplan

## MEMORANDUM

**TO:** Marcus Spencer                      **FROM:** Arlene Kaplan  
**COPY:** Suzy Romoser                      **DATE:** October 14, 2018  
**SUBJECT:** Daily Park – Salter Small MH Relocations

Harry Johnson, Clarence Salter, Louis Perkins and Demond Walton live in small mobile homes on the Salter property. None of these are road-worthy but need to be relocated to another site of the occupants choosing so that they may continue to reside in the rent free (but for the cost of the land).

The men are pooling their acquisition money to purchase another site with septic, water and electric. These units are in fair to poor condition and cannot be driven or pulled on the public roads. The men have lived without paying for anything for several years on the Salter property where Zella paid the electric; water was a common well and the septic system was shared by all.

Roadrunner Moving has agreed to move these to the replacement site (soon to be acquired) but must place these on a flatbed to do so. He will reconnect them to the septic and sewer and will put additional support under the unit owned by Demond Walton because this has a broken axle and is otherwise supported as it sits on the Salter property now. His rates are as follows:

Harry Johnson	\$3,250.00
Clarence Salter	\$3,250.00
Louis Perkins	\$3,250.00
Demond Walton	\$3,350.00

Each man will make the decision to do this himself or with this mover or another of their choosing. But in no event will the County then have any liability for the unit should any of this fail regardless of the personal choice each displacee makes. The dollar amount in the mover's estimate includes full replacement coverage per the Uniform Relocation Act.

In addition, this request includes move costs for the personal property contained within the 5 living units on the parcel based on the FHWA Schedule Move Cost for Texas:

Laura Salter	\$1,900.00
Harry Johnson	\$1,600.00
Clarence Salter	\$1,600.00
Louis Perkins	\$1,600.00
Demond Walton	\$1,600.00

Summary of this request for relocation for the Salter property includes:

- four mobile unit move costs for the four small mobile residential units;
- four personal property move costs for all possessions within the four units; and
- personal property move costs for the personal property within the large mobile home acquired by the County.

This completes all relocation benefits to all parties on the Salter property. All real property for this parcel has been acquired.



DP-P02 Salter

**CHECK REQUEST**

October 23, 2018

**CLIENT**  
**AFE#**  
**PROJECT NAME**

Fort Bend County  
Fort Bend County -Daily Park P02

**Name**  
**Address**  
**Address**  
**SS #**  
**Telephone:**

Harry Johnson  
4026 Nails Rd  
Simonton, TX 77476  
[REDACTED]

**PROPERTY DESC:**

URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,250.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy.

**Decimal Interest in this tract (Surface Estate Only):**

0.12500

**Amount Due This Displacee:**

\$4,850.00

**PAYMENT RECAP**

**PAYMENT DETAILS**

Payment - Move Costs and MH Move and Reset \$4,850.00

**TOTAL AMOUNT DUE THIS DISPLACEE** \$4,850.00

**THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM** 1.00000

**TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE** \$4,850.00

**NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP**

**SUBMITTED BY:**

Arlene Kaplan  
Percheron Professional Services, LLC  
1904 W. Grand Parkway N., Suite 200  
Katy, Texas 77449  
(832) 300-6400 (817) 821-9152  
Arene.Kaplan@percheronllc.com



### CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Harry Johnson	Parcel No.: P02 - Salter	County: Fort Bend				
	ROW CSJ: N/A	Project No.: Daily Park				
	4. Occupancy of Property Acquired by State					
	From (Date): 2013		To (Date of Move):			
2. Address of Property Acquired by State: 4026 Nails Rd Simonton, TX 77476  Apt. No.: N/A	5. Controlling Dates			Mo.	Day	Yr.
	a. First Offer in Negotiations			12	28	2017
	b. Date Property Acquired			09	11	2018
	c. Date Required to Move			10	11	2018
3. Address Moved To:  Apt. No.:	6. Dwelling:(house, apartment, etc.)					
	MH <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input type="checkbox"/> Unfurnished					
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.		(1) Number of Rooms:                      6  (2) Payment Schedule Amount              \$ 1,600.00  (3) Total Amount of Claim:                \$ 1,600.00				
Claimant: <u>Harry Johnson</u> Date of Claim: <u>9/20/18</u>  Claimant: <u>N/A</u> Date of Claim: _____						
<b>Spaces Below to be Completed by County</b>						
8. Type occupancy and number of rooms verified prior to move on:  Date: _____  By: _____ <div style="text-align: right; margin-right: 50px;">Signature</div>			9. Vacancy verified on:  Date: _____  By: _____ <div style="text-align: right; margin-right: 50px;">Signature</div>			
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct. This claim is recommended for payment. This claim is recommended for payment as follows:  <div style="text-align: center; margin: 10px 0;">Amount of \$ 1,600.00</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;">             _____ Date           </div> <div style="width: 45%; text-align: center;">             _____ Right of Way Manager           </div> </div>						



### Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room		
Bedroom 2	2	2
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
<b>Others</b>		
Basement		
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		
<b>Total</b>	<b>6</b>	<b>6</b>
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
? Signed _____		







### CERTIFICATION OF ELIGIBILITY

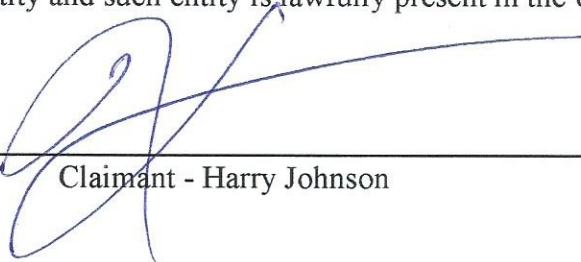
Project: Daily Park  
Parcel: P02 - Salter  
Displacee: Harry Johnson

I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

- Citizens or Nationals of the United States
- or
- Aliens lawfully present in the United States

If an Alien lawfully present in the United States, supporting documentation will be required.

If an incorporated business, farm or non-profit organization, I certify that I have signature authority for this entity and such entity is lawfully present in the United States.

X   
 \_\_\_\_\_  
 Claimant - Harry Johnson

Date: 9/20/18

\_\_\_\_\_  
 N/A  
 Claimant

Date: \_\_\_\_\_

CHECK REQUEST

October 23, 2018

CLIENT  
AFE#  
PROJECT NAME

Fort Bend County  
Fort Bend County -Daily Park P02

Name  
Address  
Address  
SS #  
Telephone:

Clarence Salter  
4026 Nails Rd  
Simonton, TX 77476  
[Redacted]  
[Redacted]

PROPERTY DESC:

URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,250.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy.

Decimal Interest in this tract (Surface Estate Only):

0.12500

Amount Due This Displacee:

\$4,850.00

\*\*\*\*\*

PAYMENT RECAP

\*\*\*\*\*

PAYMENT DETAILS

Payment - Move Costs and MH Move and Reset \$4,850.00

TOTAL AMOUNT DUE THIS DISPLACEE \$4,850.00

THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000

TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4,850.00

**NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP**

SUBMITTED BY:

Arlene Kaplan  
Percheron Professional Services, LLC  
1904 W. Grand Parkway N., Suite 200  
Katy, Texas 77449  
(832) 300-6400 (817) 821-9152  
Arene.Kaplan@percheronllc.com



### CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Clarence Salter	Parcel No.: P02 - Salter	County: Fort Bend				
	ROW CSJ: N/A	Project No.: Daily Park				
	4. Occupancy of Property Acquired by State					
	From (Date): 2013		To (Date of Move):			
2. Address of Property Acquired by State: 4026 Nails Rd Simonton, TX 77476  Apt. No.: N/A	5. Controlling Dates			Mo.	Day	Yr.
	a. First Offer in Negotiations			12	28	2017
	b. Date Property Acquired			09	11	2018
	c. Date Required to Move			10	11	2018
6. Dwelling:(house, apartment, etc.) MH <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input type="checkbox"/> Unfurnished						
3. Address Moved To:  Apt. No.:	(1) Number of Rooms:		6			
	(2) Payment Schedule Amount		\$ 1,600.00			
	(3) Total Amount of Claim:		\$ 1,600.00			
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.						
x <u>Clarence Salter</u> Claimant: Clarence Salter			<u>9/22/18</u> Date of Claim:			
<u>N/A</u> Claimant:			Date of Claim:			
<b>Spaces Below to be Completed by County</b>						
8. Type occupancy and number of rooms verified prior to move on:  Date: _____  By: _____ <div style="text-align: right; font-size: small;">Signature</div>			9. Vacancy verified on:  Date: _____  By: _____ <div style="text-align: right; font-size: small;">Signature</div>			
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct. This claim is recommended for payment. This claim is recommended for payment as follows:						
Amount of \$ 1,600.00						
_____ Date			_____ Right of Way Manager			



### Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room		
Bedroom 2	2	2
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
<b>Others</b>		
Basement		
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		
<b>Total</b>	<b>6</b>	<b>6</b>
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
? Signed _____		







### CERTIFICATION OF ELIGIBILITY

Project: Daily Park  
Parcel: P02 - Salter  
Displacee: Clarence Salter

I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

Citizens or Nationals of the United States

or

Aliens lawfully present in the United States

If an Alien lawfully present in the United States, supporting documentation will be required.

If an incorporated business, farm or non-profit organization, I certify that I have signature authority for this entity and such entity is lawfully present in the United States.

X Clarence Salter  
Claimant – Clarence Salter

Date: 9/22/18

N/A  
Claimant

Date: \_\_\_\_\_

# CHECK REQUEST

October 23, 2018

**CLIENT**  
**AFE#**  
**PROJECT NAME**

Fort Bend County  
Fort Bend County -Daily Park P02

**Name**  
**Address**  
**Address**  
**SS #**  
**Telephone:**

Louis Perkins  
4026 Nails Rd  
Simonton, TX 77476  
[REDACTED]

**PROPERTY DESC:**

URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,250.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy.

Decimal Interest in this tract (Surface Estate Only):

0.12500

Amount Due This Displacee:

\$4,850.00

\*\*\*\*\*

PAYMENT RECAP

\*\*\*\*\*

**PAYMENT DETAILS**

Payment - Move Costs and MH Move and Reset \$4,850.00

TOTAL AMOUNT DUE THIS DISPLACEE \$4,850.00

THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000

TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4,850.00

**NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP**

**SUBMITTED BY:**

Arlene Kaplan  
Percheron Professional Services, LLC  
1904 W. Grand Parkway N., Suite 200  
Katy, Texas 77449  
(832) 300-6400 (817) 821-9152  
Arene.Kaplan@percheronllc.com



### CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Louis R Perkins	Parcel No.: P02 - Salter	County: Fort Bend				
	ROW CSJ: N/A	Project No.: Daily Park				
	4. Occupancy of Property Acquired by State					
	From (Date): 2013		To (Date of Move):			
2. Address of Property Acquired by State: 4026 Nails Rd Simonton, TX 77476  Apt. No.: N/A	5. Controlling Dates			Mo.	Day	Yr.
	a. First Offer in Negotiations			12	28	2017
	b. Date Property Acquired			09	11	2018
	c. Date Required to Move			10	11	2018
	6. Dwelling:(house, apartment, etc.) MH <input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input type="checkbox"/> Unfurnished					
3. Address Moved To:  Apt. No.:	(1) Number of Rooms:                      6  (2) Payment Schedule Amount              \$ 1,600.00  (3) Total Amount of Claim:                \$ 1,600.00					
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.						
<i>X</i> <u>Louis Perkins</u> Claimant: Louis Perkins			<u>9/22/17</u> Date of Claim:			
<u>N/A</u> Claimant:			_____ Date of Claim:			
<b>Spaces Below to be Completed by County</b>						
8. Type occupancy and number of rooms verified prior to move on:  Date: _____  By: _____ <div style="text-align: right; margin-right: 50px;">Signature</div>			9. Vacancy verified on:  Date: _____  By: _____ <div style="text-align: right; margin-right: 50px;">Signature</div>			
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct. This claim is recommended for payment. This claim is recommended for payment as follows:  <div style="text-align: center; margin: 10px 0;">Amount of \$ 1,600.00</div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Right of Way Manager</div> </div>						



### Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room		
Bedroom 2	2	2
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
<b>Others</b>		
Basement		
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		
<b>Total</b>	<b>6</b>	<b>6</b>
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")  ? Signed _____		





### CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Louis Perkins		Parcel No: P02 - Salter		County: Fort Bend County
		ROW CSJ: N/A		Project No.: Daily Park
<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input type="checkbox"/> Other				
2. Address of Property Acquired by State: 4026 Nails Rd, Simonton, TX 77476			3. Address Moved To: Remainder	
4. Occupancy of Property Acquired by State: From (Date): 2013      To (Date of Move): To Date			5. Distance Moved:	
<input type="checkbox"/> Owner/Occupant <input checked="" type="checkbox"/> Tenant			7. Mover's Name and Address: w/ 50 miles	
6. Controlling Dates				
	Mo.	Day	Yr.	
a. First Offer in Negotiation	12	11	2017	
b. Date Property Acquired	09	11	2018	
c. Date Required to Move	10	11	2018	
8. Property Storage (attach explanation) From (Date): N/A    To (Date of Move): N/A			9. Amount of Claim:	
Place Stored (Name and Address): N/A			a. Moving Expenses	\$ 3,250.00
10. Temporary Lodging (attach explanation) From (Date): N/A    To (Date of Move): N/A			b. Reestablishment Expenses	\$ -0-
			c. Searching Expenses	\$ -0-
			d. Tangible Property Loss	\$ -0-
			e. Storage	\$ -0-
			f. <u>Temporary Lodging</u>	<u>\$ -0-</u>
			<b>g. Total Amount</b>	<b>\$ 3,250.00</b>
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.				
<u>X</u> <u>Louis Perkins</u>		<u>9/22/18</u>		
Claimant: Louis Perkins		Date of Claim:		
<u>N/A</u>		_____		
Claimant:		Date of Claim:		
<b>Spaces Below to be Completed by State</b>				
I certify that I have examined this claim and substantiating documentation attached herewith, and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows:				
Amount of \$ 3,250.00				
_____			_____	
Date			Right of Way Manager	





### CERTIFICATION OF ELIGIBILITY

Project: Daily Park  
Parcel: P02 - Salter  
Displacee: Louis Perkins

I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

- Citizens or Nationals of the United States
- or**
- Aliens lawfully present in the United States

If an Alien lawfully present in the United States, supporting documentation will be required.

If an incorporated business, farm or non-profit organization, I certify that I have signature authority for this entity and such entity is lawfully present in the United States.

**X** \_\_\_\_\_  
Claimant – Louis Perkins

Date: \_\_\_\_\_

\_\_\_\_\_  
N/A  
Claimant

Date: \_\_\_\_\_

**CHECK REQUEST**

October 23, 2018

**CLIENT**  
**AFE#**  
**PROJECT NAME**

Fort Bend County  
Fort Bend County -Daily Park P02

**Name**  
**Address**  
**Address**  
**SS #**  
**Telephone:**

Demond Walton  
4026 Nails Rd  
Simonton, TX 77476  
[REDACTED]

**PROPERTY DESC:**

URA Schedule Move Cost for 6 rooms for \$1,600.00 plus \$3,350.00 to move on flat-bed and reconnect to utilities a mobile home that is not road-worthy.

**Decimal Interest in this tract (Surface Estate Only):**

0.12500

**Amount Due This Displacee:**

\$4,950.00

\*\*\*\*\*

**PAYMENT RECAP**

\*\*\*\*\*

**PAYMENT DETAILS**

Payment - Move Costs and MH Move and Reset \$4,950.00

TOTAL AMOUNT DUE THIS DISPLACEE \$4,950.00

THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM 1.00000

TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE \$4,950.00

**NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP**

**SUBMITTED BY:**

Arlene Kaplan  
Percheron Professional Services, LLC  
1904 W. Grand Parkway N., Suite 200  
Katy, Texas 77449  
(832) 300-6400 (817) 821-9152  
Arene.Kaplan@percheronllc.com



### CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Demond Walton	Parcel No.: P02 - Salter	County: Fort Bend		
	ROW CSJ: N/A	Project No.: Daily Park		
	4. Occupancy of Property Acquired by State			
	From (Date): 2013	To (Date of Move):		
	5. Controlling Dates			
	Mo.	Day	Yr.	
	a. First Offer in Negotiations	12	28	2017
	b. Date Property Acquired	09	11	2018
	c. Date Required to Move	10	11	2018
2. Address of Property Acquired by State: 4026 Nails Rd Simonton, TX 77476  Apt. No.: N/A	6. Dwelling:(house, apartment, etc.) MH			
	<input checked="" type="checkbox"/> Owner-occupied <input type="checkbox"/> Furnished <input type="checkbox"/> Tenant <input type="checkbox"/> Unfurnished			
3. Address Moved To:  Apt. No.:	(1) Number of Rooms:                      6			
	(2) Payment Schedule Amount		\$ 1,600.00	
	(3) Total Amount of Claim:		\$ 1,600.00	
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.				
<input checked="" type="checkbox"/> <u>Demond Walton</u> Claimant: Demond Walton		<u>9/21/18</u> Date of Claim:		
<u>N/A</u> Claimant:		Date of Claim:		
<b>Spaces Below to be Completed by County</b>				
8. Type occupancy and number of rooms verified prior to move on:  Date: _____  By: _____ <div style="text-align: center;">Signature</div>		9. Vacancy verified on:  Date: _____  By: _____ <div style="text-align: center;">Signature</div>		
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct. This claim is recommended for payment. This claim is recommended for payment as follows:				
Amount of \$ 1,600.00				
_____ Date		_____ Right of Way Manager		



### Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room		
Bedroom 2	2	2
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
<b>Others</b>		
Basement		
Garage Shed 1	1	1
Storage Room		
Attic		
Yard		
<b>Total</b>	<b>6</b>	<b>6</b>
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")  ? Signed _____		

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration  
 Uniform Relocation and Real Property Acquisition for Federal and  
 Federally-Assisted Programs; Fixed Payment for Moving Expenses;  
 Residential Moves

AGENCY: Federal Highway Administration (FHWA), DOT.

Address	1 room/ room no	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 rooms
room	no furn.	furn.							
N. Mariana Is.									
85 226	28	282	395	508	621	706	790	875	960
Ohio									
150 400	100	600	800	1000	1150	1300	1450	1600	1750
Oklahoma									
200 350	100	700	900	1100	1300	1500	1700	1850	2000
Oregon									
200 350	100	600	800	1000	1200	1400	1600	1800	2000
Pennsylvania									
200 400	70	500	750	1000	1200	1400	1600	1800	2000
Puerto Rico									
100 300	50	350	550	700	850	1000	1100	1200	1300
Rhode Island									
150 300	100	600	850	1000	1200	1400	1600	1800	2000
South Carolina									
225 500	75	700	805	1095	1285	1575	1735	1890	2075
South Dakota									
200 300	40	500	650	800	950	1050	1200	1400	1600
Tennessee									
250 400	100	500	750	1000	1250	1500	1750	2000	2250
Texas									
150 400	50	600	800	1000	1200	1400	1600	1750	1900
Utah									
150 500	100	650	800	950	1100	1250	1400	1550	1700
Vermont									
150 300	75	400	550	650	850	1000	1100	1200	1300
Virgin Islands									
150 425	100	500	700	850	950	1150	1300	1450	1600



### CLAIM FOR ACTUAL MOVING EXPENSES

Print or Type All Information				
1. Name of Claimant(s) Demond Walton		Parcel No: P02 - Salter		County: Fort Bend County
		ROW CSJ: N/A		Project No.: Daily Park
<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Nonprofit <input type="checkbox"/> Sign <input type="checkbox"/> Other				
2. Address of Property Acquired by State: 4026 Nails Rd, Simonton, TX 77476			3. Address Moved To: Remainder	
4. Occupancy of Property Acquired by State: From (Date): 2013     To (Date of Move): To Date			5. Distance Moved: 7. Mover's Name and Address: w/1 50 miles	
<input type="checkbox"/> Owner/Occupant <input checked="" type="checkbox"/> Tenant				
6. Controlling Dates				
	Mo.	Day	Yr.	
a. First Offer in Negotiation	12	11	2017	
b. Date Property Acquired	09	11	2018	
c. Date Required to Move	10	11	2018	
8. Property Storage (attach explanation) From (Date): N/A    To (Date of Move): N/A				
Place Stored (Name and Address): N/A				
10. Temporary Lodging (attach explanation) From (Date): N/A    To (Date of Move): N/A				
9. Amount of Claim:				
a. Moving Expenses			\$ 3,350.00	
b. Reestablishment Expenses			\$ -0-	
c. Searching Expenses			\$ -0-	
d. Tangible Property Loss			\$ -0-	
e. Storage			\$ -0-	
f. Temporary Lodging			\$ -0-	
g. Total Amount			\$ 3,350.00	
11. All amounts shown in Block 9 were necessary and reasonable and are supported by attached receipts. Pay of this claim is requested. I certify that I have not submitted any other claim for, or received reimbursement for, an item of expense in this claim, and that I will not accept reimbursement or compensation from any other source for any item of expense paid pursuant to this claim. I further certify that all property was moved and installed at the address shown in Block 3, above, in accordance with the invoices submitted and agreed terms of the move and that all information submitted herewith or included herein is true and correct.				
<input checked="" type="checkbox"/> Demond Walton Claimant: Demond Walton		9/21/18 Date of Claim:		
N/A Claimant:		Date of Claim:		
Spaces Below to be Completed by State				
I certify that I have examined this claim and substantiating documentation attached herewith, and have found it to be true and correct and to conform with the applicable provisions of State law. All items are considered to be necessary reasonable expenses and this claim is recommended for payment as follows:  Amount of \$ 3,350.00				
Date		Right of Way Manager		





### CERTIFICATION OF ELIGIBILITY


Project: Daily Park  
Parcel: P02 - Salter  
Displacee: Demond Walton

I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

- Citizens or Nationals of the United States
- or**
- Aliens lawfully present in the United States

If an Alien lawfully present in the United States, supporting documentation will be required.

If an incorporated business, farm or non-profit organization, I certify that I have signature authority for this entity and such entity is lawfully present in the United States.

**X**   
 Claimant – Demond Walton

Date: 9/21/18

N/A  
 Claimant

Date: \_\_\_\_\_

**CHECK REQUEST**

October 23, 2018

**CLIENT**  
**AFE#**  
**PROJECT NAME**

Fort Bend County  
Fort Bend County -Daily Park P02

**Name**  
**Address**  
**Address**  
**SS #**  
**Telephone:**

Zella Salter  
4026 Nails Rd  
Simonton, TX 77476  
[REDACTED]

**PROPERTY DESC:**

URA Schedule Move Cost for 8 rooms for \$1,900.00

**Decimal Interest in this tract (Surface Estate Only):**

0.50000

**Amount Due This Displacee:**

\$1,900.00

\*\*\*\*\*

**PAYMENT RECAP**

\*\*\*\*\*

**PAYMENT DETAILS**

Payment - Move Costs \$1,900.00

**TOTAL AMOUNT DUE THIS DISPLACEE** \$1,900.00

**THIS LANDOWNERS DECIMAL INTEREST IN THIS MOVE CLAIM** 1.00000

**TOTAL AMOUNT DUE THIS PROPERTY DISPLACEE** \$1,900.00

**NOTE: PLEASE CONTACT WHEN COMPLETE FOR AGENT PICK-UP**

**SUBMITTED BY:**

Arlene Kaplan  
Percheron Professional Services, LLC  
1904 W. Grand Parkway N., Suite 200  
Katy, Texas 77449  
(832) 300-6400 (817) 821-9152  
Arene.Kaplan@percheronllc.com



### CLAIM FOR PAYMENT OF RENT SUPPLEMENT

Print or Type All Information - Read Rules on Reverse Side														
1. To:  Fort Bend County		Parcel No.: 02	County: Fort Bend County											
		ROW CSJ: n/a	Project No.: n/a											
2. Name of Claimant:  Zella & Dwayne Salter		4. Replacement Housing Address:  TBD												
3. Property Acquired by State: By: <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> ED / Condemnation Address: 4010-4026 Nails Rd., Simonton, TX 77476  Apt. No.:                      Site No.:		Apt. No.:		Site No.:										
		8. Date Claimant Moved into Replacement Housing:  TBD												
5. Type of Occupancy Covered by This Claim: <input type="checkbox"/> Owner-Occupant <input checked="" type="checkbox"/> Tenant (on Land for Relo) <input type="checkbox"/> House <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input checked="" type="checkbox"/> Mobile Home Owner <input type="checkbox"/> Sleeping Room  Part Owner of Fee Parcel		9. Amount of This Claim												
		<table style="width:100%; border: none;"> <tr> <td style="width: 80%;">a. Total Rent Supplement</td> <td style="text-align: right;">\$18,858.00</td> </tr> <tr> <td style="padding-left: 20px;">Installment (1st, 2nd, 3rd, or Final)</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>b. Total Last Resort Purchase Payment</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="padding-left: 20px;">1. Amount Paid on Principal</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td style="padding-left: 20px;">2. Incidental Expenses</td> <td style="text-align: right;">\$0</td> </tr> </table>			a. Total Rent Supplement	\$18,858.00	Installment (1st, 2nd, 3rd, or Final)	\$0	b. Total Last Resort Purchase Payment	\$0	1. Amount Paid on Principal	\$0	2. Incidental Expenses	\$0
a. Total Rent Supplement	\$18,858.00													
Installment (1st, 2nd, 3rd, or Final)	\$0													
b. Total Last Resort Purchase Payment	\$0													
1. Amount Paid on Principal	\$0													
2. Incidental Expenses	\$0													
6. Controlling Dates		Mo.	Day	Yr.										
a. First Offer in Negotiations		12	01	2017										
b. Date Required to Move														
7. Continuous Occupancy of Property Acquired by County:  From (Date):                      To (Date of Move):														
10. Payment of this claim in the amount shown in Block 9 above is requested. I certify that this move was made as a result of the acquisition of the property for highway purposes, the information submitted herewith is true and correct, and that the dwelling I now occupy meets the standards of decent, safe and sanitary housing to the best of my knowledge and belief.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p><u>3/7/18</u></p> <p>Date of Claim</p> </div> <div style="text-align: center;"> <p>X <u>Zella Salter</u></p> <p>Zella Salter - Claimant</p> <p>X <u>Dwayne Salter</u></p> <p>Dwayne Salter - Claimant</p> </div> </div>														
Spaces Below to be Completed by State														
The dwelling at the address under Block 4 above has been inspected and in my opinion meets the standards for decent, safe and sanitary housing.														
Date of Inspection			Inspected By - Signature											
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information shown herein is correct. This claim is recommended for payment.														
Date: _____		By: _____ Right of Way Manager												





### CLAIM FOR FIXED MOVING EXPENSE PAYMENT - INDIVIDUALS AND FAMILIES

1. Name of Claimant(s): Zella Salter	Parcel No.: 02	County: Fort Bend		
	ROW CSJ:	Project No.: Daily Park		
	4. Occupancy of Property Acquired by State			
	From (Date): before 2010		To (Date of Move): Nov 2018	
	5. Controlling Dates		Mo.	Day
a. First Offer in Negotiations		12	01	2017
b. Date Property Acquired		09	11	2018
c. Date Required to Move		10	31	2018
2. Address of Property Acquired by State: 4012 Sanders Rd (Also known as Nails Rd) Simonton, TX 77476  Apt. No.:	6. Dwelling:(house, apartment, etc.)			
	<input checked="" type="checkbox"/> Owner-occupied MH		<input checked="" type="checkbox"/> Furnished with own furniture	
	<input checked="" type="checkbox"/> Tenant Land		<input type="checkbox"/> Unfurnished	
3. Address Moved To:  Apt. No.:	(1) Number of Rooms:		8	
	(2) Payment Schedule Amount		\$ 1,900.00	
	(3) Total Amount of Claim:		\$ 1,900.00	
7. Payment of this claim in the amount shown in Block 6 (3) is requested. I certify that I have not submitted any other claim for, or received reimbursement or compensation for, any item of expense pursuant to this claim. I further certify that all information shown above is true and correct.				
_____		_____		
Date of Claim		Claimant		
_____		_____		
Date of Claim		Claimant		
<b>Spaces Below to be Completed by State</b>				
8. Type occupancy and number of rooms verified prior to move on:  Date:  By: _____ Signature		9. Vacancy verified on:  Date:  By: _____ Signature		
I certify that I have examined this claim and found it to conform to the applicable laws and regulations governing relocation assistance payments. I further certify the computation of the payment and the information as shown herein is correct. This claim is recommended for payment. This claim is recommended for payment as follows:				
Amount of \$ 1,900.00				
_____		_____		
Date		Right of Way Manager for FBC		



### Breakdown of Room Count Claim

Print or Type All Information		
Room Description	Number of Rooms in Unit	Number of Rooms in Claim
Living Room 1	1	1
Dining Room 1	1	1
Kitchen 1	1	1
Family Room 1	1	1
Bedroom 3	3	3
Study		
Kitchen-Den		
Living Room-Den		
Den		
Living Room-Dining Room		
Sleeping Room		
<b>Others</b>		
Basement		
Garage Shed 1		
Storage Room 1		
Attic		
Total	9	9
Remarks: (Where totals in the two columns differ by line item explain in "Remarks")		
Signed _____		

-----  
 DEPARTMENT OF TRANSPORTATION

Federal Highway Administration  
 Uniform Relocation and Real Property Acquisition for Federal and  
 Federally-Assisted Programs; Fixed Payment for Moving Expenses;  
 Residential Moves

AGENCY: Federal Highway Administration (FHWA), DOT.

	1 room	2 rooms	3 rooms	4 rooms	5 rooms	6 rooms	7 rooms	8 rooms	Ac
N. Mariana Is.....	282	395	508	621	706	790	875	960	
Ohio.....	600	800	1000	1150	1300	1450	1600	1750	
Oklahoma.....	700	900	1100	1300	1500	1700	1850	2000	
Oregon.....	600	800	1000	1200	1400	1600	1800	2000	
Pennsylvania.....	500	750	1000	1200	1400	1600	1800	2000	
Puerto Rico.....	350	550	700	850	1000	1100	1200	1300	
Rhode Island.....	600	850	1000	1200	1400	1600	1800	2000	
South Carolina.....	700	805	1095	1285	1575	1735	1890	2075	
South Dakota.....	500	650	800	950	1050	1200	1400	1600	
Tennessee.....	500	750	1000	1250	1500	1750	2000	2250	
Texas.....	600	800	1000	1200	1400	1600	1750	1900	
Utah.....	650	800	950	1100	1250	1400	1550	1700	
Vermont.....	400	550	650	850	1000	1100	1200	1300	
Virgin Islands.....	500	700	850	950	1150	1300	1450	1600	
Virginia.....	700	900	1100	1300	1500	1700	1900	2100	
Washington.....	600	800	1000	1200	1400	1600	1800	2000	
West Virginia.....	750	900	1050	1200	1350	1500	1650	1800	
Wisconsin.....	550	730	935	1140	1350	1560	1765	1975	
Wyoming.....	540	800	870	1020	1170	1325	1500	1670	

-----  
 Exceptions: 1. The payment to a person with minimal possession who is in occupancy of a dormitory style room or whose resident  
 an agency at no cost to the person is limited to \$100.00.

2. An occupant will be paid on an actual cost basis for moving his or her mobile home from the displacement site. In addition,  
 the occupant for packing and securing property for the move may be paid at the agency's discretion.

## CERTIFICATION OF ELIGIBILITY

Daily Park – Fort Bend County  
Parcel: 02  
Displacee: Zella & Dwayne Salter

### Individuals, Families and Unincorporated Businesses or Farming Operations

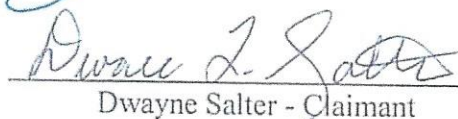
I certify that myself and any other party(ies) with a financial interest in this relocation assistance claim are either:

- Citizens or Nationals of the United States  
or  
 Aliens lawfully present in the United States

\* If an Alien lawfully present in the United States, supporting documentation will be required.

  
\_\_\_\_\_  
Zella Salter - Claimant

Date: 12/29/17

  
\_\_\_\_\_  
Dwayne Salter - Claimant

Date: 12/29/17

### Incorporated Business, Farm or Nonprofit Organizations

I certify that I have signature authority for this entity and such entity is lawfully incorporated under the applicable state's laws and authorized to conduct business within the United States.

\_\_\_\_\_  
Claimant

Date: