

**Claim for Fixed Payment  
in Lieu of Payment for Actual Nonresidential  
Moving and Related Expenses**

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning  
and Development

OMB Approval No. 2506-0016  
(exp. 07/31/2008)  
KY Ver. 2015 to Comply with CPD 14-09

(49 CFR 24.305)

<b>For Agency Use Only</b> Name of Agency	Project Name or Number	Case Number
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**Instructions:** This claim form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to claim a **Fixed Payment**, rather than claim a **Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses** under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA). **The minimum fixed payment is \$1,000; the maximum is \$40,000.** This payment is based on the average net annual earnings of an eligible business or farm operation before income taxes during the 2 tax years prior to the tax year in which it was displaced (see 49 CFR 24.305(e)); or for a nonprofit organization, based on the average of 2 years gross annual revenues less administrative expenses for the two 12 month periods prior to the acquisition (see 49 CFR 24.305(d)). The Agency will explain the difference between the two payments and will help you complete this form. HUD provides information on these requirements and other guidance materials on its website at [www.hud.gov/relocation](http://www.hud.gov/relocation). If you are eligible for either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal.  
**All claims for payments must be filed no later than 18 months from the date of displacement (see 24.207(d)).**

**Fixed Payment Eligibility: 1. Business:** (see 49 CFR 24.305(a)), **2. Nonprofit Organization:** (see 49 CFR 24.305(d)) & **3. Farm Operation:** (see 49 CFR 24.305(c))

**Section A. General**

1. Name of Business, Farm or Nonprofit Organization	2. Name, Title, Address & Telephone Number of Claimant or Claimant's Authorized Agent
3. Address from which Business, Farm or Nonprofit Organization Moved	
4a. Date Move Started (mm/dd/yyyy)	4b. Date Move Completed (mm/dd/yyyy)
4c. Address to which Business, Farm or Nonprofit Organization Moved (If Business, Farm or Nonprofit Organization went out of business, check here <input type="checkbox"/> )	

5. Type of Operation (check one) <input type="checkbox"/> Business <input type="checkbox"/> Farm Operation <input type="checkbox"/> Nonprofit Organization	6. Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Nonprofit Organization	7. Is This a Final Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", attach explanation)
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**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 authorized by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, a "displaced person" 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 benefits.** (This certification may not have any standing with regard to applicable State laws providing relocation benefits.) Please address only the category that describes your citizenship status. For item (2), please fill in the correct number of partners. The certification for a nonresidential displaced person may be signed by an owner or other person authorized to sign on its behalf.

**Your signature on this claim form constitutes certification.** See 49 CFR 24.208(g) & (h) for hardship exceptions.

**NONRESIDENTIAL DISPLACEMENTS**

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|---|--|--|
| <p>(1) Sole Proprietorship.<br/>I certify that I am: (check one)<br/>_____ a citizen or national of the United States<br/>_____ an alien lawfully present in the United States.</p> | <p>(2) Partnership.<br/>I certify that there are _____ partners in the partnership and that _____ are citizens or nationals of the United States and _____ are aliens lawfully present in the United States.</p> | <p>(3) Corporation. (Name of Corporation)<br/>I certify that _____, is established pursuant to State law and is authorized to conduct business in the United States.</p> |
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Section B. Computation of Average Net Earnings or Net Revenues for Base Period <sup>1/</sup>	Item	Base Period			For Agency Use Only
		Year (yyyy)	Year (yyyy)	Average	
<b>Table I. Individual or Sole Proprietor</b> (Relates to IRS Form 1040)					
(1) Net Profit (Or loss) Before Taxes from IRS Form 1040		\$	\$	\$	\$
(2) Adjustments (Attach statement) <sup>2/</sup>					
(3) Compensation Paid to Owner, Owner's Spouse, and Dependents (List names and amounts to each on a separate page)					
(4) Net Earnings (Add lines (1), (2) and (3))		\$	\$	\$	\$
<b>Table II. Corporation</b> (Relates to IRS Form 1120 and 1120-S)					
(5) Taxable Income from IRS Form 1120 (Or ordinary income from IRS Form 1120-S)		\$	\$	\$	\$
(6) Adjustments (Attach statement) <sup>2/</sup>					
(7) Compensation Paid to Principal Stockholders, their Spouses, and Dependents (List names and amounts to <sup>3/</sup> each on a separate page)					
(8) Net Earnings (Add lines (5), (6) and (7))		\$	\$	\$	\$
<b>Table III. Partnership</b> (Relates to IRS Form 1065)					
(9) Ordinary Income (Or loss) Before Taxes (From IRS Form 1065)		\$	\$	\$	\$
(10) Adjustments (Attach statement) <sup>2/</sup>					
(11) Compensation Paid to Principal Partners, their Spouses, and Dependents (List names and amounts to <sup>4/</sup> each on a separate page)					
(12) Net Earnings (Add lines (9), (10), and (11))		\$	\$	\$	\$
<b>Table IV. Nonprofit Organization</b>					
(13) Annual Gross Revenues <sup>5/</sup>		\$	\$	\$	\$
(14) Administrative Expenses <sup>6/</sup>					
(15) Net Revenues (Subtract line (14) from line (13))		\$	\$	\$	\$

**1/** This is usually the two tax years prior to your displacement. Please consult the Agency.

**2/** To the extent that the profit/income entry in Section B, line (1), (5) or (9) has been reduced by an expense that was not incurred in the base period (e.g., a loss carry forward from a previous year, loss carry back from a later year or declared depreciation in excess of actual depreciation) such expense must be added back on line (2), (6) or (10). To the extent that the entry on line (1), (5) or (9) is inflated by an amount not actually earned in the base period (e.g., refund of State or local income taxes or income included under the tax benefit rule because a deduction taken in a previous year was disallowed), it should be entered on line (2), (6) or (10) as a subtraction.

**3/** Principal stockholder is one who owns 15% or more of the corporation.

**4/** A principal partner is one with a proprietary interest of 15% or more in the concern.

**5/** Gross revenues may include membership fees, class fees, cash donations and other fund collections.

**6/** Administrative expenses include rent, utilities, salaries and fund raising costs.

Section C. Computation of Payment	Item	Amount Claimed	For Agency Use Only
(1) Amount from line (4), (8), (12) or (15) of Section B (If less than \$1,000, enter \$1,000. If more than \$40,000, enter \$40,000)		\$	\$
(2) Amount Previously Received (if any)			
(3) Amount Requested (Subtract line (2) from line (1))		\$	\$

**Section D. Certification By Claimant(s):** I certify that the information on this claim form and supporting documentation is true and complete and that I have not been paid for these expenses by any other source.

Signature(s) of Claimant(s) or Claimant's Authorized Agent	Title (Type or Print)	Date
X		

**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)

**To Be Completed by Agency**

Payment Action	Amount of Payment	Signature	Name (Type or Print)	Date
2. Recommended	\$			
3. Approved	\$			

**Remarks**

**Public reporting burden** for this collection of information is estimated to average 1.0 hours per response. This includes the time for collecting, reviewing, and reporting the data. The information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, and implementing regulations at 49 CFR Part 24 and will be used for determining whether you are eligible to receive a fixed moving payment instead of a payment for actual moving and related expenses and the amount of any payment. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Privacy Act Notice:** This form is for the use of displaced businesses, nonprofit organizations, and farm operators that wish to apply for a Fixed Payment rather than a Payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses. (The maximum Fixed Payment is \$40,000.) The Agency will explain the difference between the two types of payments. If you are eligible to choose either payment, the Agency will help you to determine which is most advantageous. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal the determination. The Agency will explain how to make an appeal. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. The information may be made available to a Federal Agency for review.