

Checklist for Transmittal of Claim Packages to City of Broken Arrow

Acquisition Claim Package

- | | |
|--|---------------------------|
| <input type="checkbox"/> Sales Contract | |
| <input type="checkbox"/> Legal Description Marked Exhibit A 1 | NAME: Charlotte & Overton |
| <input type="checkbox"/> Plat Marked Exhibit A 2 | Washington |
| <input type="checkbox"/> Affidavit of Claimant – Must be Notarized | PARCEL: 17T |
| <input type="checkbox"/> Pre-Closing Parcel Information Sheet | |
| <input type="checkbox"/> Copy of Offer Letter | |
| <input type="checkbox"/> Updated Contact Log | |
| <input type="checkbox"/> | |
| <input type="checkbox"/> | |

Relocation Claim Packages

- | | | |
|-------------------------------------|--|------------|
| <input checked="" type="checkbox"/> | Affidavit of Claimant – (RAP and Move) Must be Notarized | RAP / Move |
| <input checked="" type="checkbox"/> | Letter from Displacee Requesting Funding | |
| <input checked="" type="checkbox"/> | Advanced Payment to Escrow Reconciliation Sheet | |
| <input checked="" type="checkbox"/> | Advanced Payment Agreement | |
| <input checked="" type="checkbox"/> | Escrow Instructions | |
| <input checked="" type="checkbox"/> | Certification of Residency | |
| <input checked="" type="checkbox"/> | Pre-DSS Inspection Form | |
| <input checked="" type="checkbox"/> | Rental Agreement for Replacement Dwelling – | |
| <input checked="" type="checkbox"/> | Pre-Settlement HUD-1 or Estimate of Closing Costs | |
| <input checked="" type="checkbox"/> | MID Calculation | |
| <input checked="" type="checkbox"/> | Estimated Principal Balance of Mortgage on Acquired Dwelling | |
| <input checked="" type="checkbox"/> | from Mortgage Company | |
| <input checked="" type="checkbox"/> | Loan Commitment Letter from Mortgage Company on New Loan | |
| <input checked="" type="checkbox"/> | Copy of Relocation Eligibility Letter | |
| <input checked="" type="checkbox"/> | Original 475- Initial Interview | |
| | Copy | |

Post Closing Documents/Claim Packages

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Affidavit of Claimant – (Reimbursement of ICC) Must be Notarized---If applicable |
| <input type="checkbox"/> | Reimbursement check from Closer---If applicable |
| <input type="checkbox"/> | Post Closing Reconciliation |
| <input type="checkbox"/> | Invoices/support documentation (Supplement Agreement) |
| <input type="checkbox"/> | Original HUD-1 Settlement Statement |
| <input type="checkbox"/> | Copy of Certified Recorded Warranty Deed |
| <input type="checkbox"/> | 30-Day Vacate Notice |
| <input type="checkbox"/> | Post D.S.S. Inspection |
| <input type="checkbox"/> | Move Verification Form |
| <input type="checkbox"/> | Keys |
| <input type="checkbox"/> | Copy R/W 475 interview - Original |
| <input type="checkbox"/> | All other correspondence |
| <input type="checkbox"/> | Updated Contact Report-Log |

Comments Advance Process – Vacate Required to present payment

Package Prepared By:	<u>Amanda Murrell</u>	<u>12/12/16</u>
	Amanda Murrell	Date
Package Reviewed By:	<u>Sara Wyly</u>	<u>12/14/16</u>
	Sara Wyly	Date

XXXX Copies made for UFS File

Submitted to City of Broken Arrow on: _____ Received By: _____

ODOT FORM 324a
Rev. 06/2002
DEPARTMENT OF
TRANSPORTATION

FUND: _____ AGENCY: **345** ORDER NO.: _____ CLAIM NO.: _____

CLAIM OF: **Charlotte & Overton Washington**

Address: _____
City St. Zip: _____

FEI No.: _____

FOR AGENCY USE ONLY

ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT
				FOR <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$31,461.06</div> AGAINST

Oklahoma Department of Transportation
ASSIGNMENT

I hereby assign this claim to _____

and authorize the State Treasurer to issue a warrant in payment to said assignee.

WARRANT (LOCATOR) NO.: _____

Date: _____
Claimant: _____

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.

Partial No.: _____ Final No.: _____ TOTAL AMOUNT: _____

OSF- AUDITED BY: _____

DATE OF DELIVERY	PURCHASE ORDER NUMBER	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
				Advance Process of Vacate 90 Day Tenant Occupant Replacement Housing Payment Rental Assistance Payment Moving Expenses - 15 rooms total \$1,850.00 plus \$1,600.00 additional rooms = \$3,450.00 TOTAL		
				Wagoner County STP-172A(457)IG J/P 26308(04) Parcel 17T Claim 1 of 1		
				"HOLD WARRANT"		
						\$31,461.06

The undersigned contractor or duly authorized agent, of lawful age, being first duly sworn, on oath says that this claim is true and correct. Affiant states that the work, services or materials as shown by this claim have been completed or supplied in accordance with plans, specifications, orders, requests and all other terms of the contract. Affiant further states that (s)he is the duly authorized agent of the contractor for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure the contract or obtain payment; (s)he is fully aware of the facts and circumstances surrounding the making of the contract and has been personally and directly involved, in the proceedings leading to the procurement of the contract and the filing of this claim; and, neither the contractor nor anyone subject to the contractor's direction or control has been paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract or obtaining payment.

Subscribed and Sworn before me 12-9-16 Date

State of Oklahoma County of Tulsa Number 11004698

My Commission Expires 5-24-19 Date

Notary Public (or Clerk or Judge)

Approval *Amanda Murrell* \$31,461.06
 Approval *Tracy* \$31,461.06
 Approval *Kevin* \$31,461.06
 Approval *Charlotte Washington* \$31,461.06
 Approval *Charlotte Washington* \$31,461.06
 Approval *Amanda Murrell* \$31,461.06

ODOT Acct.	Job Piece	Item	Part.	Amount	Object	Encumbrance
APPROVAL I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.						
Agency's Approving Officer						
Director						Date
Total						

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Overton Washington	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 2639 S 89th East Ave	Requester's name and address (optional)
City, state, and ZIP code Tulsa, OK 74129		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
448 - 40 - 6373	
Employer identification number	

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Overton Washington*

Date ▶ *12-9-2016*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Charlotte Washington	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 2639 S 89th East Ave	Requester's name and address (optional)
City, state, and ZIP code Tulsa, OK 74129		
List account number(s) here (optional)		

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
448 - 56 - 9974
Employer identification number
- - - - -

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Charlotte Washington</i>	Date ▶ 12-9-2016
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

MEMO

Date: 12-9-16

City of Broken Arrow
P.O. Box 610
Broken Arrow, OK 74013

RE: J/P 26308(04), STP-172A(457)IG
Wagoner County
Parcel 17T – Washington

We, Charlotte and Overton WASHINGTON are requesting advance process of our eligible RAP (\$28,011.06) and Moving Expenses (\$3,450.00) . This is to limit the amount of time we are without funds after we have completed our move, which is occurring now.

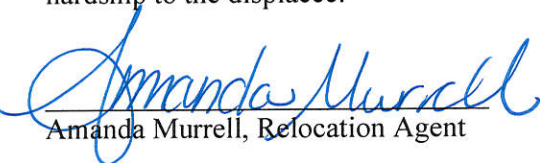
We agree to abide by all vacate notices provided by The City of Broken Arrow.

Sincerely,


~~Dawn Fisher~~ Overton Washington


~~Timothy Fisher~~ Charlotte Washington

Recommend approval of Dawn and Timothy Fisher's request for Advance processing of their schedule moving expenses in the amount of \$3,250.00.00. This payments are to prevent a financial hardship to the displacee.


Amanda Murrell, Relocation Agent


Sara Wyly, Project Manger

J/P _____ 26308(04)

PROJECT STP-172A(457)IG

COUNTY Wagoner

PARCEL _____ 17T

ADVANCE PROCESS RENTAL ASSISTANCE PAYMENT

The City of Broken Arrow will process a claim in the amount of **\$28,011.06** for the Replacement Housing Payment based on the selected replacement listed below.

The displacee is aware that this agreement is for advance processing only and that the funds for said Replacement Housing Payment will be delivered once the displacee occupies the replacement property located at **2639 S 89th East Ave, Tulsa, OK** and their move from the displacement property is certified as being complete.

The displacee(s) agree to begin moving immediately after payment is presented and to abide by the 30 day notice to vacate.

City of Broken Arrow

Relocation Manager


Charlotte Washington

Date


Overton Washington

12-9-16
Date

J/P: 26308(04)
STP-172A(457)IG
Wagoner County
Parcel 17T

ADVANCE PROCESSING MOVING PAYMENT AGREEMENT

The City of Broken Arrow will process a claim in the amount of \$3,450.00 for the fixed schedule moving payment of Charlotte and Overton Washington hereinafter referred to as displacee(s). This amount is to be used to finance the moving of personal property belonging to the displacee(s) from the above referenced parcel. The displacee is aware that the warrant will be delivered only after he has fully vacated the displacement property.

CITY OF BROKEN ARROW

Manager, Relocation Branch

Date

Charlotte Washington
Displacee – Charlotte Washington

Overton Washington
Displacee – Overton Washington

12-9-16
Date

Replacement

**U.S. DEPARTMENT OF HUD SECTION 8 – EXISTING AND MODERATE REHABILITATION
HOUSING ALLOWANCES FOR TENANT – FURNISHED UTILITIES AND OTHER SERVICES**

Date: October 1, 2015

3600 Degree Days

UNIT TYPE: SINGLE FAMILY (DETACHED, DUPLEX, ROW HOUSE, TOWNHOUSE)

UTILITY OR SERVICE	MONTHLY DOLLAR ALLOWANCES						
	0 BR	1 BR	2 BR	3 BR	4 BR	5BR	
HEATING:	a. Natural Gas	39.00	46.00	56.00	63.00	74.00	84.00
	b. Bottle Gas	55.00	71.00	95.00	110.00	134.00	158.00
	c. Oil	-0-	-0-	-0-	-0-	-0-	-0-
	d. Electric	14.00	19.00	25.00	31.00	37.00	43.00
COOKING:	a. Natural Gas	7.00	8.00	10.00	12.00	13.00	14.00
	b. Electric	4.00	5.00	7.00	9.00	12.00	13.00
	c. Bottle Gas	15.00	18.00	22.00	26.00	28.00	33.00
ELECTRIC LIGHTING, REFRIGERATION, ETC.	26.00	27.00	30.00	32.00	33.00	34.00	
AIR CONDITIONING	9.00	10.00	12.00	14.00	17.00	19.00	
WATER HEATING:	a. Natural Gas	11.00	14.00	17.00	20.00	23.00	26.00
	b. Electric	11.00	14.00	18.00	21.00	25.00	29.00
	c. Bottle Gas	24.00	33.00	39.00	46.00	53.00	59.00
	d. Oil	-0-	-0-	-0-	-0-	-0-	-0-
WATER	27.00	32.00	36.00	40.00	46.00	51.00	
SEWER	15.00	21.00	27.00	33.00	42.00	49.00	
TRASH	20.00	20.00	20.00	20.00	20.00	20.00	
RANGE	2.00	2.00	2.00	2.00	2.00	2.00	
REFRIGERATOR	3.00	3.00	3.00	3.00	3.00	3.00	
OTHER							

ACTUAL FAMILY ALLOWANCES (To be used by family to compute allowance. Complete below for Actual Unit Rented)

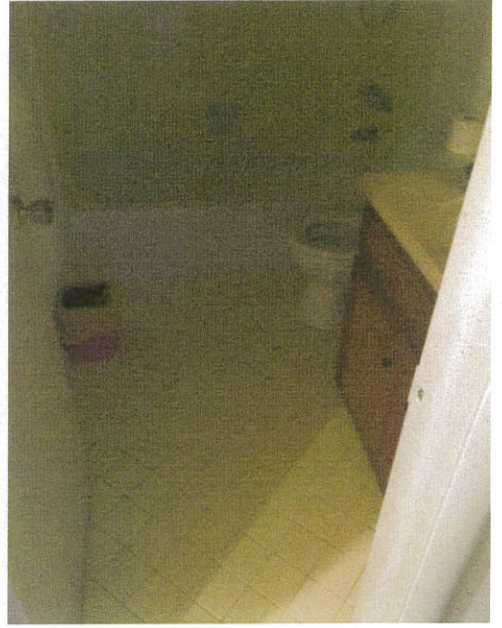
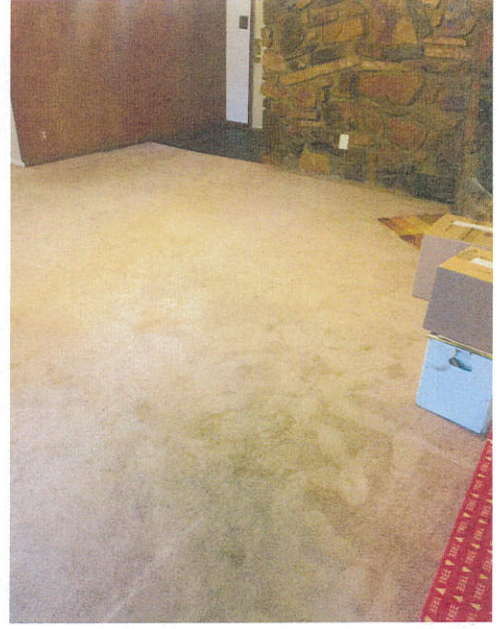
APPLICABLE COUNTIES:	Utility or Service	Per Month
Adair, Beckham, Blaine, Caddo, Canadian, Cleveland, Creek, Custer, Garfield, Kingfisher, Kiowa, Lincoln, Logan, McClain, McIntosh, Noble, Oklahoma, Pawnee, Tillman, Tulsa, <u>Wagoner</u> , Washita	HEATING	\$ 63 ⁰⁰
	COOKING	\$ 12 ⁰⁰
	OTHER ELECTRIC	\$ 32 ⁰⁰
	WATER HEATING	\$ 20 ⁰⁰
	WATER	\$ 40 ⁰⁰
	SEWER	\$ 33 ⁰⁰
	TRASH COLLECTION	\$ 20 ⁰⁰
	RANGE	\$ 2 ⁰⁰
	REFRIGERATOR	\$ 3 ⁰⁰
	OTHER (Specify) <i>-AC</i>	\$ 14 ⁰⁰
	TOTAL	\$ 239 ⁰⁰

OHFA-69 4/14/15

90 Day Tenant Occupant

Maximum RAP claim
based on actual selected replacement

1	Enter Amount of Displacement Rent and Utilities From RAP Study	\$ <u>886.00</u>
2	Enter 30% of Income From RAP Study	\$ <u>422.07</u>
3	Enter the smaller of Line 1 or 2	\$ <u>422.07</u>
4	Enter Amount of Comparable Rent and Utilities From RAP study	\$ <u>1,431.00</u>
5	Enter Amount of Actual Replacement Rent and Utilities Lease or other rental documents and Utilities based on schedule	\$ <u>1,089.00</u>
6	Enter the smaller of line 4 or 5	\$ <u>1,089.00</u>
7	MAXIMUM RAP based on Actual Replacement Line 6 less line 3 times 42 months	\$ <u>28,011.06</u>



JOB PIECE	26308(06)
PROJECT	STP-172A(457)IG
COUNTY	Tulsa
PARCEL	17T
DISPLACEE	Washington

D. REMARKS AND DATES OF SUBSEQUENT CONTACTS

12-9-15 Appraiser, Harold McKinney advised me he had scheduled a meeting on Parcel 17, BZ Properties, owner of the home, and the tenant occupant is Charlotte & Overton Washington will also be present. Mr. Mckinney will perform his inspection on the displacement property while I will perform the preliminary relocation interview. Our appointment is scheduled for 3p, on December 16, 2015.

12-16-15 Myself and appraiser John Story met with Mr. and Mrs. Washington at the displacement property located at 2403 E Sidney Ave, Broken Arrow, OK.

Charlotte and Overton Washington rent the subject property from BZ Properties for \$650.00 per month plus average utilities of \$236.00. The subject property is a frame 1-story single family dwelling with a total of 1,626 SF containing a total of 7 rooms including 3 bedrooms, 1 living room, 1 kitchen, 1 dining room and 1 laundry room and 1.5 bathrooms. The home has an attached 2 car garage and a storage shed.

This parcel is considered a total take and all improvements and land are being acquired. The property has a total of 14,000 sf in land of which is being acquired.

Occupants of the dwelling include the following:

Overton "John" (age 71) and his wife – Receives \$1,015.90 in SSI benefits
Charlotte (age 65) – Receives \$391.00 in SSI benefits

Both are Retired and receive SSI in the total amount of \$1,406.90 per month (proof of income has been obtained).

I explained that to be eligible for relocation benefits both all occupants of the home must certify that they are lawfully present in the United States. Both Charlotte and Overton signed the necessary 1804 forms.

I discussed relocation benefits and what benefits Charlotte and Overton may be eligible for as tenant occupant of at least 180 days. This included moving expense and rental assistance and/or down payment expenses. I explained 30 day and 90 day notice and the time frame for claiming benefits and lastly I explained the appeal process.

Mr. and Mrs. Washington are concerned that they won't be able to afford a different rental property. They stated that they have lived there for 9 years and really hadn't planned on moving.

I thanked them for their time and reminded them not to move until they received their notice of eligibility or they would be jeopardizing their relocation benefits. I told them to give me a call if they had any questions or concerns.

Total Miles driven: 39 miles Total drive time : 0 hour 35 min. Total face to face: 0 hour 30 min

05-19-16 Terri LeBlanc has left the project area and this file has been reassigned to me Amanda Murrell to complete the relocation on.

07-11-16 Received request for RHP from City of Broken Arrow.

08-17-16 UFS agent Annie Hunter completed the RAP study in the amount of \$42,375.06 under last resort housing and forwarded to ODOT and then the City of Broken Arrow for approval. Income was a major factor in the computation.

09-20-16 Received approval of RAP as submitted. Project manager, Sara Wyly prepared the eligibility letter for the City of Broken Arrow to sign.

10-10-16 I met with Charlotte and Overton Washington and presented them with their eligibility notice in the amount of \$42,375.06 in maximum rental assistance. I informed them how it was calculated and how they could go about seeing the comparable should they so desired. I also explained that their moving expenses were calculated at for 8 rooms = \$2,000.00 their belongings.

I proceeded to further explain what the criteria would be for claiming the move payment as well as the RAP payment including spending thresholds, DSS requirements and time frame for claiming benefits as well as 90 and 30 day notices. I also informed him of his right to file an appeal if he desired. I also explained that the RAP amount could be converted to a DPA if they wished to purchase instead of rent.

Charlotte and Overton seemed pleased with the total amount of benefits and stated that they would begin looking for a replacement immediately. They would like to purchase a replacement dwelling but are concerned with whether they would qualify for a mortgage on their limited income. I reminded him not to move until I completed the DSS inspection. They stated that they understood.

Total Miles driven: 28 miles Total drive time : 0 hour 20 min. Total face to face: 0 hour 45 min

11-10-16 I received a phone call from Charlotte Washington. She told me that they were not going to be able to purchase anything because their income is so low. She stated that they were looking for rental houses now. I inquired as whether they would need advance payment for any of their relocation benefits and she stated no that she thought they could cover it without advance payment. Duration of phone call lasted 4 minutes.

12-7-16 Charlotte called the office and stated that they had found a house and signed a lease on it and would like to know what to do to claim whatever benefits they were eligible for. I told her that I needed to complete the DSS inspection and that I needed a copy of the lease agreement. She told me she had all that for me and could give it to me on the day I did the


Amanda Murrell, Relocation Agent

JOB PIECE	<u>26308(06)</u>
PROJECT	<u>STP-172A(457)IG</u>
COUNTY	<u>Tulsa</u>
PARCEL	<u>17T</u>
DISPLACEE	<u>Washington</u>

D. REMARKS AND DATES OF SUBSEQUENT CONTACTS

DSS inspection. I asked her the monthly rent (\$850.00) plus what type of utilities it had for the utility grid which came to (\$239). This means that based on the selected replacement they are eligible to claim \$28,011.06 of the \$42,375.06 in maximum RAP benefits. She stated that they understood that and they wished they would have been able to buy something but with their limited income just wasn't possible. She inquired about moving expenses. I reviewed the relocation file and discovered that no approval for additional room count had ever been submitted. I told her that I would need to submit something to ODOT to get the amount approved before I could proceed. She stated that that was fine and that they fully intended to move themselves as they had already started. They were hoping to be out by Monday December 12, 2016. We scheduled a time for me to meet with her and her husband Overton at 1:30pm on Friday December 9, 2016 at the replacement rental property located at 2639 S 89th East Ave, Tulsa, OK 74129. Duration of phone call lasted 6 minutes.

12-9-16 Emailed approval for additional room count total of 15 rooms \$1,850.00 (house 7 rooms) plus \$1,600.00 (8 additional rooms) for a total of \$3,450.00.

Received emailed approval from Diana Barlow for additional room count as outlined above.

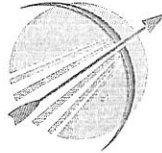
Met with Charlotte and Overton Washington at the replacement property located at 2639 S 89th East Ave, Tulsa OK 74129 and conducted the DSS inspection. The dwelling was found to meet all basic requirements. Pictures were taken and have been placed in the relocation file.

Charlotte and Overton then signed all necessary forms to advance process the following \$28,011.56 (RAP) and \$3,450.00 (Moving) for a total claim of \$31,461.06. The advance process is advance of vacate only and they anticipate being vacated from the displacement property prior to the check being ready with the City of Broken Arrow.

Total Miles driven: 32 miles Total drive time : 0 hour 20 min. Total face to face: 0 hour 45 min

12-12-16 Forwarded above listed claims to project manager, Sara Wyly for audit and further submission to The City of Broken Arrow.


Amanda Murrell, Relocation Agent



LETTER OF RELOCATION ELIGIBILITY

September 20, 2016

Charlotte & Overton Washington
2403 E. Sidney Ave.
Broken Arrow, OK 74014

RE:City of Broken Arrow, 23rd Street Project, JP 26308(04), Parcel 17T

Dear Mr. and Mrs. Washington:

As residential relocatees being displaced from your dwelling by the above referenced improvement project, you are entitled to certain relocation assistance benefits. Based on a comparable replacement dwelling for rent at 5771 E. 25th Place, Tulsa, OK, at a rental rate of \$1,431/month including utilities, your rental assistance payment will be from \$-0- to \$42,375.06.

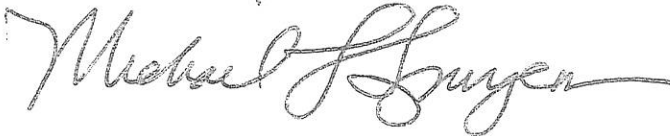
If you wish to purchase instead of renting a replacement dwelling, you may be entitled to utilize the replacement housing payment as a Down Payment toward the incidental closing cost incurred to purchase a replacement dwelling. This payment will be explained to you by your Relocation Agent, Amanda Murrell, of Universal Field Services, Inc.

IN EITHER CASE, THE DWELLING YOU MOVE INTO IS ONE OF THE DETERMINING FACTORS IN THE ACTUAL AMOUNT OF PAYMENT YOU WILL RECEIVE. Your Relocation Agent will assist you in providing information and assistance to help insure you receive the maximum financial assistance you may be entitled to.

You may also be allowed a Moving and Dislocation Allowance Payment. The relocation payment(s) and the requirement(s) for them will be explained by your Relocation Agent and are further explained in the booklet handed you entitled "Relocation Assistance & Benefits for Residences."

You will be given at least 90 days from the date shown in which to relocate. After the City has completed the purchase of your property, you will be given a 30-day written notice specifying the date you will be required to vacate the property and to remove any improvements that you own. If you have a security or damage deposit being held by the property owner, please contact the property owner directly for reimbursement.

Sincerely,



Michael L. Spurgeon
City Manager

cc:Universal Field Services, Inc.

Verbal and Written Notice Given:

By: Demonda, Sherrill

Date: 10-10-16

To: Dust Westport

Date: 10-10-2016



OKLAHOMA DEPARTMENT OF TRANSPORTATION
 200 N.E. 21st Street
 Oklahoma City, OK 73105-3204

Job Piece: 26308(08)
 Project: STR-172A (457) 16
 County: TULSA
 Parcel: 17
 Displacee: Washington

Instructions for Required Affidavit

Each person seeking relocation payment or relocation advisory assistance shall as a condition of eligibility, certify in accordance with the provisions of 49 CFR 24.208, provided the Oklahoma Department of Transportation with a verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarize affidavits under state law.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Verification of citizenship or Qualified Alien Status

RELOCATION TYPE:

- Residential
- Commercial
- Personal Property Only

Affidavit of

Overton Washington, Jr. (John)
 [Application's Name]
Johnny

STATE OF Oklahoma)
 COUNTY OF Tulsa) ss:
Reger)

I, Overton Johnny Washington of lawful age, being first duly sworn, upon oath
 [Applicant's Name]

states, under penalty of perjury, as follows (choose one):

I am a United States Citizen

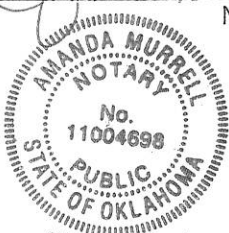
I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Overton Washington, Jr.
 [Signature of Applicant]

Subscribed and sworn to or affirmed before me this 16th day of December,

20 15 by Overton Washington, Jr.

Amanda Murrell
 NOTARY



My Commission Expires: 5-24-19
 Commission No. 11004698

"The mission of the Oklahoma Department of Transportation is to provide a safe, economical, and effective transportation network for the people, commerce and communities of Oklahoma"

AN EQUAL OPPORTUNITY EMPLOYER



OKLAHOMA DEPARTMENT OF TRANSPORTATION
 200 N.E. 21st Steet
 Oklahoma City, OK 73105-3204

Job Piece: 26308(06)
 Project: STR-172A (457) 16
 County: TULSA
 Parcel: 17
 Displacee: Washington

Instructions for Required Affidavit

Each person seeking relocation payment or relocation advisory assistance shall as a condition of eligibility, certify in accordance with the provisions of 49 CFR 24.208, provided the Oklahoma Department of Transportation with a verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarize affidavits under state law.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Verification of citizenship or Qualified Alien Status

RELOCATION TYPE:

Affidavit of

- Residential
- Commercial
- Personal Property Only

Charlotte J. Washington
 [Application's Name]

STATE OF Oklahoma)
)ss:
 COUNTY OF Tulsa)

I, Charlotte J. Washington, of lawful age, being first duly sworn, upon oath
 [Applicant's Name]

states, under penalty of perjury, as follows (choose one):

✓ I am a United States Citizen

I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

x Charlotte Washington
 [Signature of Applicant]

Subscribed and sworn to or affirmed before me this 16 day of December,
 20 16, by Charlotte Washington.

Amanda Murrell
 NOTARY



My Commission Expires: 5-24-19
 Commission No. 11004698

"The mission of the Oklahoma Department of Transportation is to provide a safe, economical, and effective transportation network for the people, commerce and communities of Oklahoma"

AN EQUAL OPPORTUNITY EMPLOYER

Residential Interview

OKLAHOMA DEPARTMENT OF TRANSPORTATION
RELOCATION ASSISTANCE REPORT

JOB PIECE #: 26308(04)
PROJECT: STP-172A(457)IG
COUNTY: Yulish
PARCEL: 217

I. GENERAL INFORMATION

Name(s): John + Charlotte Washington Telephone: 918-451-0179
Address: 2413 E. Sidney Ave. Alt. Phone: 918-409-1279 cell
BROKEN ARROW, OK Email Address: _____
Representative: _____ Relationship: H + W
Occupancy Status: Owner Tenant Date of Occupancy 9 yrs

OCCUPANTS:

Name	Age	Gender	Relationship	School	Special Needs
<u>John</u>	<u>71</u>	<u>M</u>			
<u>Charlotte</u>	<u>65</u>	<u>F</u>			

John Washington@hotmail.com

Place of Employment: (H) Retired Distance To Employment: _____
Method of Transportation: Private Public Type: Car
Place of Employment: (W) _____ Distance To Employment: _____
Method of Transportation: Private Public Type: _____
Distances To: Church Shopping School Other _____

II. DISPLACEMENT DWELLING:

Type Dwelling: Single Family Res. Duplex Mobile Condo. Apt. Other _____
 Rural Urban Suburban Sq. Ft. _____ Other _____
Type of Construction: Brick Frame Manufactured Conditions: Good Fair Poor
of Stories: 1 1.5 2 3 or More Total # of Rooms: 7 Beds 3 Baths 1 1/2
Special Features: FP - 2 car attached garage
Present Home DSS: Yes No If No, Explain: _____
Special Features Needed _____
All Moving Options Explained: Yes No N/A

III. INFORMATION RELATED TO REPLACEMENT

Displacee Desires To: Buy Rent Build Retain Other: _____
Total No. of rooms required 8 No. of bedrooms 3 No. of bathrooms 1.5
 DSS requirements explained Time to file claim explained (12/18 months)
 Notices (90day/30day) Appeal process explained
Relocation Areas Desired: SAME area
Specific Features Desired: BROKEN ARROW, JUNKS, SAPULPA
Displacee Concerns: None
Special features FP 2 car garage
Cellar - doesn't use full of water
Disability features required NONE

PAUL WOOD REALTORS

Service you can count on since 1975

14919 E. 15th Pl.
Tulsa, Okla. 74108-5707

Tel: (918) 438-0103

bigbrickgarage@gmail.com

Form A310

RESIDENTIAL LEASE
Apartment — Condominium — House

BY THIS AGREEMENT made and entered into on December 7th, 2016
between Paul Wood Realtors herein referred to as Lessor,
and Overton (John) & Charlotte Washington herein referred to as Lessee,
Lessor leases to Lessee the premises situated at 2639 S. 89th E. Ave.
Tulsa, in the City of Tulsa, County of
State of Oklahoma and more particularly described as
follows:

together with all appurtenances, for a term of 1 years, to commence on 7 December, 2016
and to end on 7 December 2017 at 12 o'clock a. m.

1. **Rent.** Lessee agrees to pay, without demand, to Lessor as rent for the demised premises the
sum of Eight hundred fifty & No/100 ----- Dollars
(\$850.00 per month in advance on the 1st day of each calendar month beginning 1 Feb., 2017
at above address
of State of _____, City _____, or at such other place as Lessor may designate.

Pro-rated rent for 25 days of December 2016 is \$685.48.
2. **Security Deposit.** On execution of this lease, Lessee deposits with Lessor
Six hundred and no/100 ----- Dollars
(\$600.00), receipt of which is acknowledged by Lessor, as security for the faithful
performance by Lessee of the terms hereof, to be returned to Lessee, without interest, on the full and
faithful performance by him of the provisions hereof.

3. **Quiet Enjoyment.** Lessor covenants that on paying the rent and performing the covenants
herein contained, Lessee shall peacefully and quietly have, hold, and enjoy the demised premises for the
agreed term.

4. **Use of Premises.** The demised premises shall be used and occupied by Lessee exclusively
as a private single family residence, and neither the premises nor any part thereof shall be used at any time
during the term of this lease by Lessee for the purpose of carrying on any business, profession, or trade of
any kind, or for any purpose other than as a private single family residence. Lessee shall comply with all
the sanitary laws, ordinances, rules, and orders of appropriate governmental authorities affecting the
cleanliness, occupancy, and preservation of the demised premises, and the sidewalks connected thereto,
during the term of this lease.

5. **Number of Occupants.** Lessee agrees that the demised premises shall be occupied by no
more than 2 persons, consisting of 2 adults and 0 children under the age of
18 years, without the written consent of Lessor.

6. **Condition of Premises.** Lessee stipulates that he has examined the demised premises,
including the grounds and all buildings and improvements, and that they are, at the time of this lease, in
good order, repair, and a safe, clean, and tenantable condition. Lessee agrees to keep the lawn
neatly mowed, trimmed, leaves raked, gutters clean, etc..

7. **Assignment and Subletting.** Without the prior written consent of Lessor, Lessee shall
not assign this lease, or sublet or grant any concession or license to use the premises or any part thereof. A
consent by Lessor to one assignment, subletting, concession, or license shall not be deemed to be a consent
to any subsequent assignment, subletting, concession, or license. An assignment, subletting, concession,
or license without the prior written consent of Lessor, or an assignment or subletting by operation of law,
shall be void and shall, at Lessor's option, terminate this lease.

8. **Alterations and Improvements.** Lessee shall make no alterations to the buildings on
the demised premises or construct any building or make other improvements on the demised premises
without the prior written consent of Lessor. All alterations, changes, and improvements built, constructed,
or placed on the demised premises by Lessee, with the exception of fixtures removable without damage to
the premises and movable personal property, shall, unless otherwise provided by written agreement between
Lessor and Lessee, be the property of Lessor and remain on the demised premises at the expiration or sooner
termination of this lease.

9. **Damage to Premises.** If the demised premises, or any part thereof, shall be partially
damaged by fire or other casualty not due to Lessee's negligence or willful act or that of his employee,
family, agent, or visitor, the premises shall be promptly repaired by Lessor and there shall be an abatement
of rent corresponding with the time during which, and the extent to which, the leased premises may have
been untenable; but, if the leased premises should be damaged other than by Lessee's negligence or
willful act or that of his employee, family, agent, or visitor to the extent that Lessor shall decide not to
rebuild or repair, the term of this lease shall end and the rent shall be prorated up to the time of the damage.

Lessee's agree to insure their personal belongings located
in or on the property and shall hold lessor harmless for any loss.



Dec. was
Pro-rated

Five
monthly
rent
is
\$850.00

RECEIPT DATE 12-7-16 No. **348035**

RECEIVED FROM John + Charlotte Washington \$685.48

Six hundred eighty five + 48/100 DOLLARS

FOR RENT 2639 S. 89th E. Ave., Tulsa, Okla. - Pro-rated

FOR _____

ACCOUNT	<u>685</u>	<u>48</u>	<input type="radio"/> CASH
PAYMENT	<u>685</u>	<u>48</u>	<input checked="" type="radio"/> CHECK
BAL. DUE	<u>- 0</u>	<u>-</u>	<input type="radio"/> MONEY ORDER
			<input type="radio"/> CREDIT CARD

FROM Dec. 7 TO Dec. 31

BY Paul Wood 3-11

RECEIPT DATE 12-7-16 No. **348036**

RECEIVED FROM John + Charlotte Washington \$600.00

Six hundred + 00/100 DOLLARS

FOR RENT Sec. Dep. 2639 S. 89th E. Ave. Tulsa, Okla.

FOR _____

ACCOUNT	<u>600</u>	<u>-</u>	<input type="radio"/> CASH
PAYMENT	<u>600</u>	<u>-</u>	<input checked="" type="radio"/> CHECK
BAL. DUE	<u>- 0</u>	<u>-</u>	<input type="radio"/> MONEY ORDER
			<input type="radio"/> CREDIT CARD

FROM Security deposit TO _____

BY Paul Wood 3-11

MEMORANDUM

TO: DIANA BARLOW, ODOT RELOCATION MANAGER
FROM: AMANDA MURRELL, UNIVERSAL FIELD SERVICES, RELOCATION AGENT
SUBJECT: REQUEST FOR APPROVAL OF ADDITIONAL ROOMS FOR MOVE COUNT
DATE: 12/9/2016
PROJECT LPA - 26308(04), STP-172A(457)IG, WAGONER COUNTY, PARCEL 17T - WASHINGTON

The purpose of this memo is to request approval of additional rooms for the schedule room count. The displacement dwelling contains 7 rooms inside the dwelling and we would like to request the following additional rooms. Pictures of personal property to be moved are attached to this request.

7 rooms = 1,626 SF Mobile Home with 3 bedrooms, living room, kitchen, den and laundry room

4 rooms = Contents of 2 car garage - Large amount of Tools and heavy equipment including compressors

2 rooms - Contents of Exterior Storage Building

2 rooms - Misc outside items including BBQ grill, Patio Furniture and all flower pots

TOTAL = \$1,850.00 (7 rooms) plus \$1,600.00 (8 rooms x \$200) = \$3,450.00

Recommend *Amanda Murrell* Date 12/9/16
Amanda Murrell, Relocation Agent

Recommend *Sara Wyly* Date 12/9/16
Sara Wyly, Project Manager

(Dis) Approved *Diana Barlow* Date 12/9/16

J/P # 26308(04)

County Wagoner

Parcel 17T

Displace Overton and Charlotte Washington

PRE-DSS

B. REPLACEMENT HOUSING INSPECTION REPORT (D.S.S.)

ADDRESS OF DWELLING INSPECTED 2639 S 89th East Ave, Tulsa, OK 74129

Type of Dwelling		Number of Occupants		Living Area	
Single Family	X Duplex	Adults: Male	1 Female 1	Square Footage	1,564
Multi-Family	Room	Children: Male	0 Female 0	No. of Rooms	7 Br. 3
Mobile Home	Other	Total Occupants: 2		Baths: 2	

GENERAL CONDITION OF REPLACEMENT DWELLING

	Yes	No		Yes	No
Adequate for Family	X		Adequate Heating	X	
Conforms to Local Codes & Ordinances	X		Adequate Plumbing & Electric Facilities	X	
Has Safe Electrical Wiring for Lighting & Other Electrical Devices	X		Second Story Unit has 2 Means of Egress at Ground Level	N/A	
Adequate State of Repair	X		Complies with Fair Housing	X	
Weathertight	X		Adequate for Handicapped	X	

Kitchen Features

	Yes	No		Yes	No
Designated Kitchen Area	X		Sink Properly Connected to Sewer	X	
Sink in Good Working Order	X		Space for Stove & Refrigerator	X	
Sink Connected to Hot & Cold Water	X		Utility Connections for Stove and Ref.	X	

Bathroom Features

	Yes	No		Yes	No
Designated Bathroom Area	X		Has Toilet	X	
Affords Privacy	X		Proper Lighting	X	
Lavatory Has Hot & Cold Water	X		All Fixtures Connected to Sewer	X	
Bathub or Shower Stall	X		Proper Ventilation	X	

I have inspected the dwelling on this date and I find that it does (not) comply with decent, safe and sanitary standards.

Deficiencies (if applicable) None Noted.


Relocation Agent

12-9-16
Date