

FIXED PAYMENT ACKNOWLEDGMENT

COUNTY: _____

PROJECT #: _____

PARCEL # _____

COMPANY NAME _____

OWNER'S NAME _____

We acknowledge by the signature(s) on this document that the business known as
(Company #) _____, operated by _____ (Owner's Name(s))
is eligible for a **Fixed Payment In-Lieu of Actual Expenses**, because:

1. This business owns or rents personal property which must be moved and for which an expense would be incurred in such move and the business will vacate or relocate from the displacement site.
2. The business cannot be relocated without a substantial loss of its existing patronage (clientele or net earnings).
3. The business is not part of a commercial enterprise having more than three other entities which are not being acquired.
4. The business is not operated at a displacement dwelling solely for the purpose of renting such dwelling to others.
5. The business is not operated at the displacement site solely for the purpose of renting the site to others.
6. The business contributed materially to the income of the displaced person during the two taxable years prior to displacement (by one of the following):

Had average annual gross receipts of at least \$5,000; **or**
Had average annual net earnings of at least \$1,000; **or**
Contributed at least 1/3 of the average annual gross income from all sources.

This **Fixed Payment** is for moving expenses and reestablishment reimbursement, and will be in-lieu of a payment for reimbursement of any and all actual moving and related expenses.

(Owner's Name)

(Date)

(Owner's Name)

(Date)

(Relocation Assistance Advisor)

(Date)