

**GEORGIA DEPARTMENT OF TRANSPORTATION
CLAIM FOR PAYMENT - RENT SUPPLEMENT**

1. Full Name of Claimant(s) Jose Quintanilla	2. Project/PI#/CO.0007494, Bartow Parcel: P8 T-1
3. Address of Replacement Property 4 Crestwood Court, Cartersville, GA 30121	4. Date Replacement Property Secured August 21, 20 ²³ Telephone No.: 470-422-6018

5. Type of Occupancy Covered by this Claim:

SF Res./Apt./Sleeping Rm./MH Site/ Man.Home (Circle One)

6. Down Payment & Closing Cost Total Amount Due \$ <u>56,868.00</u>	7. Amount of Rent Supplement Payment Total Rent Pymt Computed \$ _____ Rent Supplement Previously Claimed & Paid \$ _____ Amount Due \$ _____
--	---

Payment on this claim in the amount shown in 6 or 7 above is requested. I CERTIFY that all information submitted herewith or included herein is true and correct; the address in "3" above is my permanent place of residence; that I have not submitted any claim for or received payment of any compensation for the benefit claimed herein; I understand that, in addition to the penalty provided by law, falsification of any item in this claim as submitted herewith may result in forfeiture of the entire claim. I further certify that to the best of my knowledge and belief my replacement dwelling or site does meet the Georgia Department of Transportation's decent, safe, and sanitary standards. (I), (We), certify that each individual listed on this claim for payment as being an occupant of this household, is LAWFULLY PRESENT IN THE UNITED STATES. I also fully understand that if such person(s) is not lawfully present in the UNITED STATES, in accordance with PUBLIC-LAW 105-117, that (He), (She), (We), will not be eligible for Relocation Assistance Benefits, as outlined in 42 U.S.C. 4601-4655, under the Uniform Relocation Assistance and Real Property Acquisition Policies Act.

Claimant's Signature(s) *Jose Quintanilla*

5/17/24
Date of Claim

[REDACTED]
SSN# (s)

SPACES BELOW TO BE COMPLETED BY GEORGIA DEPT. OF TRANSPORTATION

I CERTIFY that: (1) the determination of the amount of this payment as shown in the computation above is correct; (2) that I understand that this determination is made in accordance with State and Federal laws; (3) that to the best of my knowledge, no official of the Department has a direct or indirect, present or contemplated, personal interest in this transaction or will derive any benefit from the payment. I further certify that I have examined this claim in the substantiating documentation and have determined that this claim conforms in all respects to the above applicable provisions. This claim is approved for payment as follows:

Approved Amount of Payment \$ 56,868.00
as a Reimbursable Item.

Wesley K. Brock 5/17/2024
D.O.T. Representative (Date)
Wesley K. Brock 5/17/2024
Project Acquisition Mgr. (Date)