Mobile Home Relocation Assistance Application: Multiple Reimbursement Form

I hereby certify under penalty of perjury that the foregoing information is true and complete to the best of my knowledge. I further understand that intentional misrepresentation in this application might result in the forfeiture of relocation assistance provided by the Mobile Home Relocation Assistance Act. I authorize Washington State Department of Commerce to make inquiries to verify the statements herein.

Mobile Home Owner's Signature: __________________________ Date: __________

Witness to Homeowner’s Signature: __________________________ Date: __________

Please do not write below this line

Department of Commerce
Innovation is in our nature.

FORM CTED19-1A VOUCHER DISTRIBUTION

AGENCY USE ONLY

AGENCY NO. LOCATION CODE PR OR AUTH. NO.

1030

AGENCY NAME AND ADDRESS

Department of Commerce
Office of Manufactured Housing
PO Box 42525
Olympia, WA  98504-2525

Mobile Home Relocation Assistance per RCW 59.21.050

Amount Requested: $_________

Single-Section  Multiple-Section  Amount Allowable for Reimbursement:$_________

FED TAX ID # PROGRAM APPROVAL DATE

DOC INPUT DATE CURRENT DOC NO REF DOC NO VENDOR NUMBER SUFFIX

ACCOUNT NO. ASD NUMBER VENDOR MESSAGE N/A

TRANS M O D MASTER INDEX FUND APPN INDEX PROGRAM INDEX SUB OBJ SUB OBJ PROJECT SUB PROJ GL ACCT SUBSID ACCOUNT AMOUNT INVOICE NUMBER

205 NA $ Relocation

SIGNATURE OF ACCOUNTING PREPARE FOR PAYMENT DATE WARRANT TOTAL INVOICE DATE

ACCOUNTING APPROVAL FOR PAYMENT DATE