

REQUEST FOR RELOCATION ASSISTANCE - WIA TITLE I-B

PROJECT/LOCATION

1) \_\_\_\_\_

2) \_\_\_\_\_  
Name

3) \_\_\_\_\_  
Social Security Number

4) \_\_\_\_\_  
Address (current)

5) \_\_\_\_\_  
Address (new)

6) \_\_\_\_\_  
Phone (current)

7) \_\_\_\_\_  
Phone (work or message)

8) \_\_\_\_\_  
Primary Occupation

EMPLOYMENT

9) \_\_\_\_\_  
Employer Name

10) \_\_\_\_\_  
Relocation Occupation/Job Title

\_\_\_\_\_  
Address

12) \_\_\_\_\_  
Estimated Employment Duration

\_\_\_\_\_ City, \_\_\_\_\_ State

13) \_\_\_\_\_  
Wage

\_\_\_\_\_ Phone

11) \_\_\_\_\_  
Date to begin Employment

TRANSPORTATION

	Travel To	Dates From	Auto Miles	Mileage Rate	Common Rate	Costs
14) Pre-employment Interview	_____	_____	_____	_____	_____	_____
15) Permanent Relocation						
Number of Additional Dependent Family Members	_____	_____	_____	_____	_____	_____
16) Pre-employment interview					Costs	
Number of days	_____					
Place of Lodging	_____					
17) Permanent Relocation						
Number of Days	_____					
Family Members	_____					
Place of Lodging	_____					

18) MOVING OF HOUSEHOLD GOODS

Commercial Carrier  
(lowest of 2 estimates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date(s) of Move

\_\_\_\_\_  
Cost (attach estimate  
or final bill)

Rental Truck or Trailer

\_\_\_\_\_

\_\_\_\_\_  
Cost (attach estimate  
or final bill)

\_\_\_\_\_  
Authorization No.

- 19) Total Cost of Pre-employment Interview  
Total Reimbursement  
Total Cost of Permanent Relocation  
Total Reimbursement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 20) I certify that the information I have provided on this form is true and correct to my knowledge. Funds received will be used for the intended purpose and that I will provide proof of such expenditures as required. I understand that all funds received that are not used for the purpose specified on this form must be immediately returned to the South Central Workforce Development Council Program Operator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- 21) I certify that the above named individual's relocation is in accordance with the Individual Employment Plan. The costs shown reflect actual need within allowable limits and are not available through any employer or other sources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date