

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