

REQUEST FOR RELOCATION ASSISTANCE - WIA TITLE I-B

PROJECT/LOCATION

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

2) \_\_\_\_\_  
Name of Dislocated Worker

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

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

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

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

7) \_\_\_\_\_  
Phone (new - indicate if work or message)

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

EMPLOYMENT

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

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

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

TRANSPORTATION

	Travel To	Dates From	Auto Miles	Mileage Rate	Common Rate	Costs
14) Dislocated Worker Pre-employment Interview	_____	_____	_____	_____	_____	_____
15) Dislocated Worker Permanent Relocation	_____	_____	_____	_____	_____	_____
Number of Additional Dependent Family Members	_____	_____	_____	_____	_____	_____

16) Dislocated Worker Pre-employment interview

Costs

Number of days \_\_\_\_\_

Place of Lodging \_\_\_\_\_

17) Dislocated Worker 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 intend 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 Tri-County Workforce Development Council Program Operator.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

21) I certify that the above named individual's relocation is in accordance with the 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