

## RELOCATION ALLOWANCE APPLICATION

The goal of the TAA program is for workers to return to suitable employment, or to find work that will eventually pay as much or more than the trade affected position. Suitable employment is defined as full-time, permanent work that pays at least 80% of the wage earned with the trade affected employer and utilizes the same or better skills.

**An application for relocation allowance must be **submitted** before the relocation begins, and before the 425th day after layoff or certification, whichever is later, or within 182 days following the conclusion of TAA approved training. Relocation must **begin** within 182 days of submitting the application, or within 182 days of training completion if customer received supplemental assistance while in TAA-funded training. The Relocation must be **completed** within a reasonable time.**

Applicant Information			
Name (First MI Last)	Home Address (Street, City, State, ZIP Code)	Last # SSN	
Preferred Phone	WF1 ID No.	DW Enrollment Date (mm/dd/yy)	
Petition Number	Email Address	Certified Employer Name	
Employment Agency/Contractor	Impact Date (mm/dd/yy)	Certification Date (mm/dd/yy)	
Expiration Date (mm/dd/yy)	Employment Start Date (mm/dd/yy)	Employment End Date (mm/dd/yy)	

Dislocated Worker Counselor Information			
Counselor Name	Agency Name	Email Address	Phone Number

Prospective Employer Information
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Verification of Relocation - The applicant has indicated:

Suitable employment which is full-time, permanent, and the new home is over 15 miles from your existing residence.  
**(Provide an internet map that confirms the distance from your residence on record and your new residence.)**

Proof of a bona fide offer of suitable employment has been offered by the employer and accepted by the applicant.

Employer Name	Employer Address (Address, City, State, ZIP Code)		
Job Title			Annual Salary
Employer Contact Name	Title	Employer Contact Phone	Employer Contact Email

Full-time     
  Permanent     
  Contract Work     
  Has reported to work

Scheduled to report to work – Enter Start Date (mm/dd/yy) \_\_\_\_\_

Will relocation expenses be paid by the employer?      Yes      No

If yes, amount to be paid by the employer. \$ \_\_\_\_\_

Transport of Household Goods \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Relocation Address (Street, City, State, ZIP Code)

Start Date of Move (mm/dd/yy) \_\_\_\_\_ End Date of Move (mm/dd/yy) \_\_\_\_\_

### Labor Market Information

The approval of Relocation Allowance is contingent on the lack of suitable employment within a reasonable distance (15 miles). Enter the LMI data for the layoff job.

Labor Market Information (LMI): "Career and Education Explorer" at <https://apps.deed.state.mn.us/lmi/cpt/Search> – use regional Information for Wage (\$) \_\_\_\_\_ and Demand (%) \_\_\_\_\_ of the layoff job.

### Travel Allowance

The approval of Relocation Allowance is contingent upon the most effective mode of transportation reasonably available.

Travel by personal vehicle Miles to area of relocation \_\_\_\_\_ How many vehicles are travelling with you? \_\_\_\_\_

Travel by commercial vehicle Type \_\_\_\_\_ How many people are relocating with you? \_\_\_\_\_

### Moving Allowance

The approval of Relocation Allowance will be contingent upon the most cost-effective mode of transporting household goods reasonably available.

**Transporting Household Goods** (attach quotes from **three** different carriers. If you choose to rent a truck or trailer, you will need to pay for that out of pocket and be reimbursed due to liability issues. **Three** quotes will still be required.)

Commercial Carrier \_\_\_\_\_

Rental Trailer \_\_\_\_\_

Rental Truck \_\_\_\_\_

Temporary Storage \_\_\_\_\_

### Name and Address of Commercial Carriers and/or Rental Companies

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Signature

**TAA Applicant:** The information contained in this request is correct and complete to the best of my knowledge. I understand that I am subject to penalties should I willfully misrepresent information in order to obtain funding that I am not entitled to. I further certify that the funds will be used for the intended purpose and that I will provide proof of such expenditures as required.

Applicant Signature

Date

Dislocated Worker Counselor Signature

Date

I have reviewed the application and recommend that the benefit be approved.

TAA Specialist Signature

Date

I approve the request for Relocation Allowance.

**TAA Use Only**

2002/2011/2015 Law: 90% of the total cost/lump sum  
or \$1,250

2009 Law: 100% of the total cost/lump sum of \$1,500

**Travel Expense: TAA pays 90% of the lesser of**

Actual Cost of transportation \_\_\_\_\_

Miles one way minus 15 miles x [GSA Relocation Mileage Rate](#) \_\_\_\_\_

**Lodging and Meals Expense: TAA pays 90% of the lesser of**

Actual cost of lodging and meals while in travel status (Please attach all receipts for reimbursement calculation)

\_\_\_\_\_

Per diem rate \_\_\_\_\_

**Moving Expenses: TAA pays 90% of the approved expenses**

Commercial Carrier \_\_\_\_\_

Moving Truck \_\_\_\_\_

Rental Trailer \_\_\_\_\_

Temporary Storage \_\_\_\_\_

**Lump Sum: TAA pays 100% of the lump sum**

A lump sum of \$1,250 (2002/2011/2015 Law) or \_\_\_\_\_

A lump sum of \$1,500 (2009 Law) \_\_\_\_\_

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TAA Specialist Signature  
This amount for Relocation Allowance is approved.

Date