

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					
Verification of Relocation - The applicant has indicated:					
<input type="checkbox"/>	Suitable employment which is full-time, permanent, and over 15 miles from the applicant's existing residence. (Provide an internet map that confirms the distance from your residence on record and your new employer.)				
<input type="checkbox"/>	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)		
Employer Contact Name, Title			Employer Contact Phone	Employer Contact Email	
Job Title			Annual Salary		
<input type="checkbox"/>	Full-time	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Contract Work
<input type="checkbox"/>	Has reported to work	<input type="checkbox"/>	Scheduled to report to work – Enter Start Date (mm/dd/yy)		
Will relocation expenses be paid by the employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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)		

LMI and Work Search

The approval of Job Search Allowance is contingent on the lack of suitable employment within a reasonable distance (15 miles). Enter the LMI data and list three suitable jobs that you've applied for within 15 miles of your home.

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.

Date Applied (mm/dd/yy)	Company Name	Miles from home	Job Title	Wage	Contact Person Name	Outcome (Response? Interview?)

Travel Allowance

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

<input type="checkbox"/>	Travel by personal vehicle	Miles to area of relocation _____	How many vehicles are travelling with you? _____
<input type="checkbox"/>	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.)

<input type="checkbox"/>	Commercial Carrier	<input type="checkbox"/>	Rental Trailer
<input type="checkbox"/>	Rental Truck	<input type="checkbox"/>	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	
<input type="checkbox"/> 2002/2011/2015 Law: 90% of the total cost/lump sum or \$1,250	<input type="checkbox"/> 2009 Law: 100% of the total cost/lump sum of \$1,500
Travel Expense: TAA pays 90% of the lesser of	
<input type="checkbox"/> Actual Cost of transportation	
<input type="checkbox"/> Miles one way minus 15 miles x GSA relocation rate	GSA Relocation Mileage Rate
Lodging and Meals Expense: TAA pays 90% of the lesser of	
<input type="checkbox"/> Actual cost of lodging and meals while in travel status (Please attach all receipts for reimbursement calculation)	
<input type="checkbox"/> Per diem rate	
Moving Expenses: TAA pays 90% of the approved expenses	
<input type="checkbox"/> Commercial Carrier	<input type="checkbox"/> Rental Trailer
<input type="checkbox"/> Moving Truck	<input type="checkbox"/> Temporary Storage
Lump Sum: TAA pays 100% of the lump sum	
<input type="checkbox"/> A lump sum of \$1,250 (2002/2011/2015 Law) or	
<input type="checkbox"/> A lump sum of \$1,500 (2009 Law)	
TAA Specialist Signature/Date - This amount for Relocation Allowance is approved.	