

APPLICATION FOR RELOCATION ASSISTANCE

TO: Project Director (PROJECT DIRECTOR) DATE Nov. 2, 1945
Heart Mt., Wyoming (RELOCATION OFFICER)
 (RELOCATION CENTER) FAMILY NUMBER 33062
 (DISTRICT OFFICER)

I, MATSUSHITA, Yasutaro, HEREBY APPLY FOR RELOCATION ASSISTANCE FOR THE LISTED MEMBERS OF MY FAMILY.

NAMES OF PERSONS WHOM ASSIST. IS REQUESTED (Name of applicant when included, on line 1) (Give point of departure if other than point at which application is made)	RELATIONSHIP TO APPLICANT	AGE	SEX	*SEE CODE EVACUEE STATUS	OK. ONE WILL ACCOMPANY WILL LEAVE LATER	DESTINATION	THIS SECTION TO BE COMPLETED BY LEAVE OFFICER OR RELOCATION OFFICER				TOTAL
							TRANS-PORTATION		SUB-SISTENCE		
							COMMON CARRIER	AUTOMOBILE ALLOWANCE	MEALS EN ROUTE	RELOCATION SUBSISTENCE	
1 Matsushita, Ya-utaro	-	66	M	C	-	St. Paul, Minn.	21.11	4.00	25.00	50.11	
2 " Kiyoko	-	59	F	C	-	"	21.11	4.00	25.00	50.11	
3											
4											
5											
6											
7											
8											
9											

DO NOT WRITE BELOW THIS LINE

*CODE FOR EVACUEE STATUS: 1. TOTAL FOR FORM 1030	\$ 42.22
C-Center Resident R-Relocatee (Indefinite Leave) V-Voluntary Evacuee X-Excludee	2. TOTAL FOR AUTOMOBILE TRAVEL
3. TOTAL TR. REPORTATION GRANT	\$ 42.22
INITIAL GRANT	4. TOTAL FOR MEALS EN ROUTE
\$	\$ 8.00
LATER DISBURSEMENT	5. TOTAL FOR REL. SUBSISTENCE
\$	\$ 50.00
TOTAL	6. TOTAL SUBS. GRANT(4plus5)
\$	\$ 58.00
APPROVED BY	7. TOTAL AMT. REQUESTED (3plus6)
DATE	\$ 100.22
	8. TOTAL CASH GRANT(2plus6)
	\$ 58.00

TRANSPORTATION GRANT PAID DATE	SUBSISTENCE GRANT PAID DATE
VOUCHER NO.	TRAVEL REQUEST NO. VOUCHER NO.
AMOUNT \$	AMOUNT \$

IF APPLICATION IS MADE FOR SUBSISTENCE

APPLICANT WILL FILL IN THIS SECTION

My earnings plus those of the members of my family listed in the past six months have been \$ 14.00. Our resources in cash this trip include (1) currency on hand \$ none; (2) funds accounts (such as banks, Savings and Loan Associations, and postal savings accounts) \$ none; (3) income expected within next 30 days from property investments or other sources than WRA cash advances (wage payments) or grants \$ none. TOTAL RE SOURCES IN CASH* \$ none. I certify that neither I nor any member of my family listed in this application has any other resources in cash not stated herein.

Kara Kondo
3601 Hillcroft Way
Yakima, WA 98901-1254

*"Resources in Cash" shall not be construed to include war bonds, securities, insurance policies, trust-funds, non-revenue producing property, nor any type of property, personal or otherwise, not mentioned above as constituting "resources in cash."

I further certify that the following are the only PREVIOUS RELOCATION ASSISTANCE GRANTS received by me or listed members of my family. (If no such grant has been received, check here: None)

PERSON RECEIVING GRANT	AMOUNT	WHERE MADE	DATE APPLIED FOR	DATE RECEIVED

MILEAGE	IF TRAVEL IS BY PERSONALLY OWNED AUTOMOBILE	TRANSPORTATION ALLOWANCE COMMON CARRIER COST	NUMBER OF DAYS SUBSISTENCE EN ROUTE
	NAMES OF RIDERS NOT LISTED ON PAGE 1 @ 5¢ a MILE		

I agree to report any change in destination to the Relocation Officer for the district of actual destination and to surrender to him any unused portion of railroad tickets or travel grants and a proportionate amount of any subsistence grants made as a result of this application. If this application is for assistance to return to the evacuated area, I hereby certify that neither I nor any family member listed is excluded therefrom by military order.

NOTE: Any person who knowingly and wilfully falsifies or conceals a material fact or makes a false or fraudulent statement or representation in any matter within the jurisdiction of any department or agency of the United States is liable to a fine of not more than \$10,000, or ten years' imprisonment, or both.

I certify that all statements and information contained in this application are true and correct to the best of my knowledge.

Mapato, Wash
Pre-evacuation address

14-9-C
Present address

DATE 11-25-45

SIGNATURE Yasutaro Matsushita

TO BE FILLED IN BY WRA EMPLOYEE RECEIVING APPLICATION

CHECK LIST: DESTINATION STATUS RELOCATION PLAN GASOLINE RATION PROPERTY IF BY PRIVATE CAR FORM 156

VISIT TO CENTER ENROUTE TO EVACUATED AREA: APPROVED DATE TO

I have interviewed the applicant, examined all documents in support of this application and find that the applicant is eligible for travel grant and/or subsistence grant.

DATE NOV 3 1945

SIGNATURE Richard Satorini