**USE “NA” AND “NONE” WHERE APPLICABLE**

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| County | | | | | | | | | | Route | | | | | | Parcel | | | Federal No. | | | | | | | Job No. | | | |
| Occupant Name | | | | | | | | | | | | | | | | | | | | | | | | | | Occupant Is | | | |
| Address of Property | | | | | | | | | | | | | | | Mailing Address (If Different) | | | | | | | | | | | | | | |
| Home Telephone No. | | | | Occupant Business Telephone | | | | | | | | | | | Mobile Phone | | | | | | | Email Address | | | | | | | |
| Is Residence | | | | | | | | | | | | | | | Type of Property Involved | | | | | | | | | | | | | | |
| **COMPLETE IF RESIDENTIAL PROPERTY INVOLVED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Head of Household | | | | | | | | | | Occupants Are | | | | | | | | | Sex | | | | | Age | | | Race | | |
| Employer Name | | | | | | | | | | | | | Temporary  Permanent | | | | | | | | | | | | | | | | |
| Employer Address | | | | | | | | | | | | | Mode of Travel | | | | | | | | | | | Distance to Employment(One Way) | | | | | |
| Other Family Member Names | | | | | Relation | | | Age | | | | | Sex | | | | Work/School Location  (If School-PublicorPrivate) | | | | | | | Mode of Travel | | | | Distance (Miles One Way) | |
|  | | | | |  | | |  | | | | |  | | | |  | | | | | | |  | | | |  | |
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| Total Number of Rooms Presently Occupied | | | | | These Rooms Include  Living Room | | | | | | | | Kitchen  Dinette  Separate Dining Room | | | | | | | | | | | Sewer | | | | Water | |
| Utilities | | | | | Bathrooms | | | | | | | Bedrooms | | | | | | Utility Room  Family Room, Den, or Rec. Room | | | | | | | | | | | |
| Basement       %       %  1/2  3/4  Full  Finished Unfinished | | | | | | | | | | | | Garage | | | | | | Carport | | # of Other Rooms or Storage Areas | | | | | | | | | |
| If Mobile Home, Size | | | Subject Dwelling Unit Relocatees Principal or  Is  Is Not Legal Permanent Residence | | | | | | | | | | | | | | | | | How Long Relocatee Occupied This Unit  <90 Days  ≥90 Days | | | | | | | | | |
| Date Subject Dwelling | | | Purchased  Rented | | | | | | $ | | Monthly House Payment | | | | | | | | | $ | Monthly Rental Fee | | | | | | | | None  Non Economic |
| Are Furnishings Provided by Landlord?  Yes  No | | | | | | | Are Utilities Furnished?  Yes  No If Yes, Which Utilities? | | | | | | | | | | | | | | | | $ | | Estimated Monthly Utilities | | | | |
| Relocatee Household Gross Income (Including Welfare & Housing Subsidy)  Tenant Only (Show Sources) $ | | | | | | | | | | | | | | | | | Is Relocatee Receiving Housing Subsidy  Yes  No | | | | | | | | | | | Subsidy Amount  $ | |
| **REPLACEMENT HOUSING NEEDS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Rooms Needed | | Relocatee Plans To  Purchase  Rent Replacement | | | | | | | | | | | | | | | Type of Property Desired (House, Duplex, Furnished Apartment) | | | | | | | | | | | | |
| Bedrooms | Baths | Basement | | | | Preferred Location of Replacement | | | | | | | | | | | | | | | | | | | | | | | |
| Garage | If Relocatee prefers to Purchase, Show Desired Price Range  $       TO $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount of Down Payment Relocatee Willing and Able to Pay  $ | | | | | | | | | | | | | | If Relocatee Prefers to Rent, Show Maximum Monthly Rent Willing to Pay $ | | | | | | | | | | | | | | | |
| Number of Cars Owned by Family | | | | | | | | | | | | | | Other Private Transportation | | | | | | | | | | | | | | | |

**CONTINUE ON NEXT PAGE**

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| **COMPLETE IF DISPLACED BUSINESS INVOLVED (INCLUDE NONPROFIT ORGANIZATIONS)** | | | | | | | | |
| Type of Business | | | Name of Business | | | | | |
| Business Contact | | | | | | | | |
| How Long Has Business Been in Operation Under Present Ownership  Years:       Months: | | | | | Monthly Rent/Lease Amount  $ | | Time At This Location  Years:       Months: | |
| Number of Building Occupied (Prior to Displacement) | | No. Employees | | | Approx. Floor Space Occupied (Area) | | | No. Parking Spaces |
| Owner of Business Desires to Relocate and Continue Business Operation?  Yes  No | | | | | | | | |
| Relocatee Desires To  Lease  Purchase Replacement Property | | | | Preferred Location of Replacement Business Site | | | | |
| Types of Buildings Desired and Zoning | | | | Parking Spaces Required | | Floor Space Needed | | |
| **COMPLETE IF DISPLACED FARM OPERATION INVOLVED** | | | | | | | | |
| Type of Existing Farm Operation | | | | | | Area Involved | | |
| How Long Has Farm Operation Existed Under Present Ownership  Years:       Months: | | | | | | | | |
| Relocatee Desires To  Continue  Discontinue Operation | | | | | | | | |
| Size of Replacement Area | | | | Farm Buildings Needed | | | | |
| **APPLICABLE TO ALL** | | | | | | | | |
| Was a Specific Offer of Assistance in Locating Available Replacement Property Made to Relocatee?  Yes  No | | | | | | | | |
| Does Relocatee Desire Assistance From the Department in Locating Replacement Property?  Yes  No | | | | | | | | |
| If No, Who Made the Decision (Name) | | | | | | | | |
| Adults Present at Interview | | | | | | | | |
| Was Program Explained?  Yes  No | | | | | | | | |
| Was Brochure Delivered to Relocatee?  Yes  No | | | | | | | | |
| Were Points Requiring Specific Explanations as Set Out in Para 8-5.1 (a) of Manual Explained?  Yes  No | | | | | | | | |
| Date of Interview | Conducted At  Relocatee’s Home  Place of Business  Other Location | | | | | | | |
| If Other Location, Show Where | | | | | | | | |
| Conducted By (Department Employee’s Signature)  ► | | | | Printed or Typed Name  ► | | | | |
| Further Explanation of Items on Previous Page: (Specifically discuss any special and/or unusual replacement housing needs created by the relocatee’s age, physical disabilities, health problems, etc. If none, so state). | | | | | | | | |