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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| 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**

|  |
| --- |
| **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 OwnershipYears:       Months:       | Monthly Rent/Lease Amount$       | Time At This LocationYears:       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 OwnershipYears:       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).      |