

COLORADO DEPARTMENT OF TRANSPORTATION DISPLACED PERSON(S) INFORMATION	Project Code _____	Parcel No. _____
Project No. _____		

Residential Information

Owner (name) _____		Social Security # _____		Plans to: <input type="checkbox"/> Buy <input type="checkbox"/> Rent <input type="checkbox"/> Build <input type="checkbox"/> Retain & move	
Tenant (name) _____		Social Security # _____		Plans to: <input type="checkbox"/> Buy <input type="checkbox"/> Rent	
Subject Address _____		City _____	State _____	Zip Code _____	Phone # _____
Owner Address _____		City _____	State _____	Zip Code _____	Phone # _____
Number in family: # of adults # of children		Boys ages: _____ Girls ages: _____		Pets _____	Length of time in location _____
Employer Name _____			Address _____		
City _____			State _____	Zip Code _____	Phone # _____
Employer Name _____			Address _____		
City _____			State _____	Zip Code _____	Phone # _____

Neighborhood features (if applicable)

Distance to: Elementary School _____; Middle School/Junior High _____; High School _____
Church of Choice or Organizations _____; Grocery Store _____; Public Transportation _____

Features in present home

Style <input type="checkbox"/> Ranch <input type="checkbox"/> Two Story <input type="checkbox"/> Bi-Level <input type="checkbox"/> Tri-Story <input type="checkbox"/> Duplex <input type="checkbox"/> 4-plex <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home Home <input type="checkbox"/> Own <input type="checkbox"/> Rent Site <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other _____		Exterior <input type="checkbox"/> Brick <input type="checkbox"/> Brick/wood <input type="checkbox"/> Stone <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		Condition <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Rooms <input type="checkbox"/> Dining room <input type="checkbox"/> Family room <input type="checkbox"/> Kitchen <input type="checkbox"/> Living room <input type="checkbox"/> Den <input type="checkbox"/> Loft <input type="checkbox"/> Other _____		# Bedrooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Other _____		# of Bathrooms ___ full w/bath & shower ___ ¾ w/bath or shower ___ ½ ___ Other _____			
Basement <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Crawl <input type="checkbox"/> Other _____ <input type="checkbox"/> Finished _____ sq ft <input type="checkbox"/> Unfinished _____ sq ft		Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> 1 car <input type="checkbox"/> 2 car <input type="checkbox"/> 3 car <input type="checkbox"/> 4 car <input type="checkbox"/> Carport <input type="checkbox"/> Other _____		Miscellaneous features <input type="checkbox"/> Carpeting <input type="checkbox"/> Patio (open/enclosed) <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> RV Parking <input type="checkbox"/> Vaulted Ceilings <input type="checkbox"/> Deck <input type="checkbox"/> Security System <input type="checkbox"/> Water Purification <input type="checkbox"/> Fence <input type="checkbox"/> Sky Lights <input type="checkbox"/> Wood Floors <input type="checkbox"/> Fireplace (wood/gas) <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Other _____ <input type="checkbox"/> Hot Tub <input type="checkbox"/> Tile Floors <input type="checkbox"/> Other _____									
Utilities <input type="checkbox"/> Public Water <input type="checkbox"/> Well <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System <input type="checkbox"/> Other _____		Heating & Cooling <input type="checkbox"/> Attic fan <input type="checkbox"/> Baseboard Heat <input type="checkbox"/> Central Air <input type="checkbox"/> Electric Heat <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Forced Air Heat <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other _____ <input type="checkbox"/> Propane Heat <input type="checkbox"/> Other _____		Roofing <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Rolled <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Other _____		Dwelling Age _____		Square Footage of Dwelling _____ Note: Do not include basement		Lot Size _____		Zoning _____	
DSS for family <input type="checkbox"/> Yes <input type="checkbox"/> No, give details _____													
Access or Disability considerations <input type="checkbox"/> No <input type="checkbox"/> Yes, give details _____													
Tenants only: Rental is furnished by: <input type="checkbox"/> property owner <input type="checkbox"/> tenant Rent Amount \$ _____/per <input type="checkbox"/> month <input type="checkbox"/> week Are utilities included as part of rent? <input type="checkbox"/> Yes <input type="checkbox"/> No, utilities amount \$ _____/per month -- Utilities include _____ "Low Income" <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, present Tenant Certification of Monthly Income (Form #1185)													
Section 8 Housing <input type="checkbox"/> No <input type="checkbox"/> Yes, give details _____													
Additional Housing Needs: _____													

Business/Farm/Non Profit Organization Information

<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Non-profit organization		Business Site <input type="checkbox"/> Owner <input type="checkbox"/> Tenant		Business Name _____		Name of Individual(s) who own the Business _____		Social Security # or FEIN # _____	
# of employees _____		Floor space _____ sq ft		Length of time in location _____		Special Licenses/Permits or Certificates _____		Current Zoning _____	
Subject Address _____		City _____		State _____		Zip Code _____		Phone # _____	
Owner's Name _____		City _____		State _____		Zip Code _____		Phone # _____	
Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg <input type="checkbox"/> Office <input type="checkbox"/> Garage <input type="checkbox"/> Warehouse <input type="checkbox"/> Other, description _____									
Business replacement site requirements, current lease terms and other contractual obligations and financial capacity of the business to accomplish the move. _____									
Determine the need for outside specialists required for planning the move of the personal property, moving the personal property, and installing the relocated personal property at the replacement location <input type="checkbox"/> No <input type="checkbox"/> Yes, give details _____									
Identification and resolution of personalty/realty issues have been addressed. <input type="checkbox"/> Yes <input type="checkbox"/> No, give details _____									
An estimate of the time required for the business to vacate the site. _____									
An estimate of the anticipated difficulty in locating a replacement property. _____									
Identify if advance relocation payments are required for the move. <input type="checkbox"/> No <input type="checkbox"/> Yes, give details _____									
Determine if the business is not part of a commercial enterprise having more than three other entities which are not being acquired by the Agency, and which are under the same ownership and engaged in the same or similar business activities. <input type="checkbox"/> Yes <input type="checkbox"/> No									

Personal Property Move Only

<input type="checkbox"/> Residential Personal Property Move Only (owner) <input type="checkbox"/> Business Personal Property Move Only (owner)		<input type="checkbox"/> Residential Personal Property Move Only (tenant) <input type="checkbox"/> Business Personal Property Move Only (tenant)	
Are there any unusual circumstances anticipated to be associated with the relocation of the items? <input type="checkbox"/> No <input type="checkbox"/> Yes, give details _____			

Agent Name/Signature _____	Interview with _____	Interview Date _____
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