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| COLORADO DEPARTMENT OF TRANSPORTATION **DISPLACED PERSON(S) INFORMATION** | | | | | | | | | | | | Project Code | | | | | | | | | Parcel No. | | | | | | | | | | | | | |
| Project No. | | | | | | | | | | | | | | | | | | | | | | |
| **Residential Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner (name) | | | | | | | | | | | | | | | | | | Plans to:  Buy  Rent  Build  Retain & move | | | | | | | | | | | | | | | | |
| Tenant (name) | | | | | | | | | | | | | | | | | | Plans to:  Buy  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 | | | | | | How long at subject address | | | | | | |
| 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, Religious Facility or Organizations      ; Grocery Store      ; Public Transportation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Features in present home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Style  Ranch   Two-Story Bi-Level  Tri-Story  Duplex  4-plex  Apartment  Condominium  Mobile Home  Home  Own  Rent  Site  Own  Rent  Other | | | | Exterior  Brick  Brick/Wood  Stone  Stucco  Vinyl  Wood  Other | | | Condition  Excellent  Good  Average  Fair  Poor | | | | | | Rooms  Dining room  Family room  Kitchen  Living room  Den  Loft  Other | | | | | | | # Bedrooms  1  2  3  4  5  6  Other | | | | | | | | | | # of Bathrooms     full w/bath & shower     ¾ w/bath or shower     ½     Other | | | | |
| Basement  Full  Partial  Crawlspace  Other  Finished       sq ft  Unfinished       sq ft | | | | Garage  Attached  Detached  1 car  2 car  3 car  4 car  Carport  Other | | | | | | | | Miscellaneous features  Carpeting  Patio (open/enclosed)  Ceiling Fan  RV Parking  Vaulted Ceilings  Deck  Security System  Water Purification  Fence  Sky Lights  Wood Floors  Fireplace (wood/gas)  Sprinkler System  Other  Hot Tub  Tile Floors  Other | | | | | | | | | | | | | | | | | | | | | | |
| Utilities  Public Water  Well  Public Sewer  Septic System  Other | Heating & Cooling  Attic fan  Baseboard Heat  Central Air  Electric Heat  Evaporative Cooler  Forced Air Heat  Swamp Cooler  Natural Gas  Other        Propane Heat  Other | | | | | | | | | | | | | Roofing  Composition  Metal  Rolled  Shake  Tile  Other | | | | | | | | | Year Built | | | | Sq. ft. above grade | | | | | | Lot Size | Zoning |
| Dwelling Age (yrs) | | | |
| DSS for family  Yes  No, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Access or Disability considerations  No  Yes, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenants only: Rental is furnished by:  property owner  tenant Rent Amount $      /per month week  Are utilities included as part of rent?  Yes  No, utilities amount $     /per month -- Utilities include  “Low Income”  No  Yes If yes, present Tenant Certification of Monthly Income (Form #1185) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section 8 Housing  No  Yes, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Housing Needs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business/Farm/Non Profit Organization Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Farm Non-profit organization | | | Business Site  Owner Tenant | | | Business Name | | | | | | | | | | | Name of Individual(s) who own the Business | | | | | | | | | | | | | | | | | |
| # of employees | | Floor space      sq ft | | | Length of time in location | | | | | | | | | | Special Licenses/Permits orCertificates | | | | | | | | | | | | | | | | Zoning | | | |
| Subject Address | | | | | | | | City | | | | | | | | | | | State | | | | | | | Zip Code | | | | | Phone # | | | |
| Owner’s Name  Address | | | | | | | | City | | | | | | | | | | | State | | | | | | | Zip Code | | | | | Phone # | | | |
| Type of Business  Retail  Wholesale  Mfg  Office  Garage  Warehouse  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  No  Yes, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification and resolution of personalty/realty issues have been addressed.  Yes  No, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated time required for the business to vacate the site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated difficulty in locating a replacement property. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify if advance relocation payments are required for the move.  No  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.  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Property Move Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Personal Property Move Only (owner)  Business Personal Property Move Only (owner)  Residential Personal Property Move Only (tenant)  Business Personal Property Move Only (tenant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any unusual circumstances anticipated to be associated with the relocation of the items?  No  Yes, give details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agent Name/Signature | | | | | | | | | | | Person Interviewed | | | | | | | | | | | | | | | | | | Interview Date | | | | | |