

# EXHIBIT H

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

### Residential Information

Owner (name) _____		Plans to: <input type="checkbox"/> Buy <input type="checkbox"/> Rent <input type="checkbox"/> Build <input type="checkbox"/> Retain & move			
Tenant (name) _____		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 _____	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

<b>Style</b> <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 _____	<b>Exterior</b> <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 _____	<b>Condition</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<b>Rooms</b> <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 _____	<b># Bedrooms</b> <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 _____	<b># of Bathrooms</b> ___ full w/bath & shower ___ ¾ w/bath or shower ___ ½ ___ Other _____		
<b>Basement</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Crawlspace <input type="checkbox"/> Other _____ <input type="checkbox"/> Finished _____ sq ft <input type="checkbox"/> Unfinished _____ sq ft	<b>Garage</b> <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 _____	<b>Miscellaneous features</b> <input type="checkbox"/> Carpeting <input type="checkbox"/> Patio (open/enclosed) <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> RV Parking <input type="checkbox"/> Deck <input type="checkbox"/> Security System <input type="checkbox"/> Fence <input type="checkbox"/> Sky Lights <input type="checkbox"/> Fireplace (wood/gas) <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Hot Tub <input type="checkbox"/> Tile Floors <input type="checkbox"/> Vaulted Ceilings <input type="checkbox"/> Water Purification <input type="checkbox"/> Wood Floors <input type="checkbox"/> Other _____					
<b>Utilities</b> <input type="checkbox"/> Public Water <input type="checkbox"/> Well <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System <input type="checkbox"/> Other _____	<b>Heating &amp; Cooling</b> <input type="checkbox"/> Attic fan <input type="checkbox"/> Central Air <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Swamp Cooler <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Baseboard Heat <input type="checkbox"/> Electric Heat <input type="checkbox"/> Forced Air Heat <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Heat	<b>Roofing</b> <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Rolled <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	<b>Year Built</b> _____  <b>Dwelling Age (yrs)</b> _____	<b>Sq. ft. above grade</b> _____	<b>Lot Size</b> _____	<b>Zoning</b> _____

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

<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Non-profit organization	<b>Business Site</b> <input type="checkbox"/> Owner <input type="checkbox"/> 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 or Certificates _____	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 below: _____					
Identification and resolution of personalty/realty issues have been addressed. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> No <input type="checkbox"/> Yes, give details below: _____					
Determine if the business is <b>not</b> 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

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 _____
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