

MISSOURI DEPARTMENT OF TRANSPORTATION
 RIGHT OF WAY DIVISION
RELOCATEE NEEDS QUESTIONNAIRE

USE "NA" AND "NONE" WHERE
 APPLICABLE

| | | | | | | | | | | | | | | | |
|---|-------|--|--|---------------------------------------|-----|---|---|--|---|----------------|--|---|--|-------------------|--|
| COUNTY | | | ROUTE | | | PARCEL | | | FEDERAL NUMBER | | | | | | |
| OCCUPANT NAME | | | | | | OCCUPANT IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | | | | | | | | | |
| ADDRESS OF PROPERTY | | | | | | MAILING ADDRESS (IF DIFFERENT) | | | | | | | | | |
| HOME TELEPHONE NUMBER | | | OCCUPANT BUSINESS TELEPHONE | | | TYPE OF PROPERTY INVOLVED <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FARM OPERATION <input type="checkbox"/> NONPROFIT ORGANIZATION | | | | | | | | | |
| IS RESIDENCE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> APARTMENT <input type="checkbox"/> SLEEPING ROOM <input type="checkbox"/> MOBILE HOME | | | | | | | | | | | | | | | |
| COMPLETE IF RESIDENTIAL PROPERTY INVOLVED | | | | | | | | | | | | | | | |
| HEAD OF HOUSEHOLD | | | | <input type="checkbox"/> U.S. CITIZEN | | <input type="checkbox"/> ALIEN LAWFULLY PRESENT IN U.S. | | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | AGE | | RACE | | | |
| EMPLOYER NAME | | | | | | <input type="checkbox"/> TEMPORARY | | | <input type="checkbox"/> PERMANENT | | | | | | |
| EMPLOYER ADDRESS | | | | | | MODE OF TRAVEL | | | DISTANCE TO EMPLOYMENT (ONE WAY) | | | | | | |
| OTHER FAMILY MEMBER NAMES | | RELATION | | AGE | SEX | WORK OR SCHOOL LOCATION (IF SCHOOL - PUBLIC OR PRIVATE) | | | | MODE OF TRAVEL | DISTANCE (MILES ONE WAY) | | | | |
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| TOTAL NUMBER OF ROOMS PRESENTLY OCCUPIED | | | THESE ROOMS INCLUDE <input type="checkbox"/> LIVING ROOM | | | KITCHEN <input type="checkbox"/> DINETTE | | | SEWER <input type="checkbox"/> PUBLIC | | WATER <input type="checkbox"/> PUBLIC | | | | |
| UTILITIES <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> LP | | | BATHROOMS (I.E. 3/4, 1, 1 1/2, ETC.) | | | BEDROOMS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | <input type="checkbox"/> PRIVATE | | <input type="checkbox"/> PRIVATE | | | | |
| BASEMENT <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> FULL <input type="checkbox"/> FINISHED <input type="checkbox"/> UNFINISHED | | | GARAGE <input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR | | | CARPORT <input type="checkbox"/> 1 CAR <input type="checkbox"/> 2 CAR | | NUMBER OF OTHER ROOMS OR STORAGE AREAS | | | | | | | |
| IF MOBILE HOME, SIZE | | | SUBJECT DWELLING UNIT <input type="checkbox"/> IS <input type="checkbox"/> IS NOT | | | RELOCATEES PRINCIPAL OR LEGAL PERMANENT RESIDENCE | | | HOW LONG RELOCATEE OCCUPIED THIS UNIT ____ YEARS ____ MONTHS ____ DAYS | | | | | | |
| DATE SUBJECT DWELLING | | | <input type="checkbox"/> PURCHASED <input type="checkbox"/> RENTED | | | MONTHLY HOUSE PAYMENT \$ | | | MONTHLY RENTAL FEE \$ | | | <input type="checkbox"/> NONE <input type="checkbox"/> NON ECONOMIC | | | |
| ARE FURNISHINGS PROVIDED BY LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | ESTIMATED MONTHLY UTILITIES \$ | | | | | | | | | |
| ARE UTILITIES FURNISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH UTILITIES? | | | | | | RELOCATEE HOUSEHOLD GROSS MONTHLY INCOME (INCLUDING WELFARE & HOUSING SUBSIDY) TENANT ONLY (SHOW SOURCES) \$ | | | | | | IS RELOCATEE RECEIVING ANY HOUSING SUBSIDY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | SUBSIDY AMOUNT \$ | |
| REPLACEMENT HOUSING NEEDS: | | | | | | | | | | | | | | | |
| TOTAL ROOMS NEEDED | | | RELOCATEE PLANS TO <input type="checkbox"/> PURCHASE <input type="checkbox"/> RENT <input type="checkbox"/> REPLACEMENT | | | | | | TYPE OF PROPERTY DESIRED (HOUSE, DUPLEX, FURNISHED APARTMENT) | | | | | | |
| BEDROOMS | BATHS | BASEMENT | PREFERRED LOCATION OF REPLACEMENT | | | | | | | | | | | | |
| GARAGE <input type="checkbox"/> ATTACHED <input type="checkbox"/> DETACHED | | IF RELOCATEE PREFERS TO PURCHASE, SHOW DESIRED PRICE RANGE \$ _____ TO \$ _____ | | | | | | | | | | | | | |
| OTHER NEEDS | | | AMOUNT OF DOWNPAYMENT 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 | | | | | | | | | |

COMPLETE IF DISPLACED BUSINESS INVOLVED (INCLUDE NONPROFIT ORGANIZATIONS)

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|---|---------------|---|-----------------------|
| TYPE OF BUSINESS | | NAME OF BUSINESS | |
| HOW LONG HAS BUSINESS BEEN IN OPERATION UNDER PRESENT OWNERSHIP | | MONTHLY RENT/LEASE AMOUNT | TIME AT THIS LOCATION |
| YEARS: | MONTHS: | \$ | YEARS: MONTHS: |
| NUMBER OF BUILDINGS OCCUPIED (PRIOR TO DISPLACEMENT) | NO. EMPLOYEES | APPROXIMATE FLOOR SPACE OCCUPIED (AREA) | NO. PARKING SPACES |
| OWNER OF BUSINESS DESIRES TO RELOCATE AND CONTINUE BUSINESS OPERATION? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| RELOCATEE DESIRES TO | | PREFERRED LOCATION OF REPLACEMENT BUSINESS SITE | |
| <input type="checkbox"/> LEASE <input type="checkbox"/> PURCHASE REPLACEMENT PROPERTY | | | |
| 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 | | |
| <input type="checkbox"/> CONTINUE <input type="checkbox"/> DISCONTINUE OPERATION | | |
| SIZE OF REPLACEMENT DESIRED (AREA) | FARM BUILDINGS NEEDED | |

APPLICABLE TO ALL

| | | |
|--|---|--|
| WAS A SPECIFIC OFFER OF ASSISTANCE IN LOCATING AVAILABLE REPLACEMENT PROPERTY MADE TO RELOCATEE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DOES RELOCATEE DESIRE ASSISTANCE FROM THE DEPARTMENT IN LOCATING REPLACEMENT PROPERTY? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IF NO, WHO MADE THE DECISION (NAME) | | |
| ADULTS PRESENT AT INTERVIEW | | |
| WAS PROGRAM EXPLAINED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| WAS BROCHURE DELIVERED TO RELOCATEE? | <input type="checkbox"/> YES | |
| WERE POINTS REQUIRING SPECIFIC EXPLANATIONS AS SET OUT IN PARA 8-5.1(a) OF MANUAL EXPLAINED? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| DATE OF INTERVIEW | CONDUCTED AT | |
| | <input type="checkbox"/> RELOCATEE'S HOME | <input type="checkbox"/> PLACE OF BUSINESS <input type="checkbox"/> OTHER LOCATION |
| IF OTHER LOCATION, SHOW WHERE | | |
| CONDUCTED BY (DEPARTMENT EMPLOYEE'S SIGNATURE) | PRINTED OR TYPED NAME | |

COMMENTS: (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).

FURTHER EXPLANATION OF ITEMS ON PREVIOUS PAGE.