



# INDIANA DEPARTMENT OF TRANSPORTATION

*Driving Indiana's Economic Growth*

100 North Senate Avenue  
Room N642  
Indianapolis, Indiana 46204

PHONE: (317) 232-5060  
FAX: (317) 233-3055

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT: \_\_\_\_\_

PARCEL: \_\_\_\_\_ CODE \_\_\_\_\_

Dear \_\_\_\_\_ :

This is to advise you that on \_\_\_\_\_ the Indiana Department of Transportation initiated negotiations for the property you currently occupy. This is **NOT A NOTICE TO VACATE**.

This letter is to notify you of your eligibility for relocation assistance as a displaced person. As a displaced owner-occupant of 180-days or more, you may be eligible for reimbursement of moving expenses, a replacement housing differential payment, increased interest costs, and certain closing costs incurred in the purchase of your replacement housing. As a displaced owner occupant of at least 90 days but less than 180 days, you may be eligible for reimbursement of moving expenses and a replacement housing payment to assist you in making a downpayment on a replacement dwelling. There are certain requirements to meet in order to receive the moving cost and replacement housing payments. You also have the option of renting a replacement dwelling.

Available relocation assistance includes current listings of sales and rental housing in your area, information on interest rates, closing costs, typical downpayments, FHA, VA and conventional loan requirements, and local ordinances pertaining to housing and building codes. A Relocation Specialist will contact you in the near future to fully explain the Relocation Program and applicable relocation benefits. You may also contact the Relocation Section at 100 N. Senate Avenue, Indianapolis, IN 46204-2249, telephone (317)232-5058.

Your cooperation in providing a modern transportation system for the State of Indiana continues to be appreciated.

\_\_\_\_\_  
Buyer

Please acknowledge receipt of this letter with your signature below:

\_\_\_\_\_  
Relocatee

Owner Notice

RAAP FORM #6  
Revised 11/89