Residential Interview Questionnaire

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Parcel Information** | | | | | | | | | | | | | | | | | | |  | | Project: | | | PROJECT # | | | | | | | | |
| Displacee(s): | | | DISPLACEE(S) NAME | | | | | | | | | | | | | | |  | | Code: | | | CODE | | | | | | Parcel: | | PARCEL | |
| Property Address: | | | ADDRESS IN RIGHT OF WAY | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| Mailing Address | | | DISPLACEE(S) ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| Phone | | | DISPLACEE PHONE | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Mobile | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Email | | | DISPLACEE EMAIL | | | | | | | | | | | | DISPLACEE EMAIL | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Occupant Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Persons occupying this property** | | | | | | | | Total Occupants | | | | |  | | | | | | | | Length of occupancy | | | | | | | |  | | |
| Adults: | | Male | | |  | | | Female | | | | |  | | | Dependent adults? | | | | | | | | |  | | | | | | | |
| Children: | | | | Male (note ages) | | | | | | | |  | | | | | Female (note ages) | | | | | | | | | |  | | | | | |
|  | **Address(es) of employment & schools:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Advisory Services: Relocation assistance is required on all federal/federally aided projects where displacement occurs.**  **Should the Right of Way Agent consider any of the following when providing Advisory Services? Please explain.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability / Special Needs | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Interpreter / Signer / Language Assistance | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Literacy Assistance | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Public Transportation | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Government Housing Assistance | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Replacement Home Plans** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Which of the following appliances/utilities does your current home have?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A/C:  HEAT:  STOVE:  WATER HEATER: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WATER SOFTENER   PROPANE TANK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WELL  PUBLIC  SEPTIC  SEWER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Do you intend to purchase or rent your replacement home?** | | | | | | | | | | | | | | | rent  purchase | | | | | | | | | | | | | | | | |
|  | **Do you have a mortgage now? What is your current interest rate?** yes  no | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Any credit concerns?** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Move Plans** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Any other concerns regarding the move?** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | **Likely type of move:** | | | | | Bids:  No  1  2 | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Additional Comments or Concerns:** |