RESIDENTIAL QUESTIONNAIRE

Part II Inventory of Individual Needs RE1969 04/2015

Wisconsin Department of Transportation

Complete at time the Relocation Payments Summary ar	nd the Notice	e of Initiation of Negotia	tions for the	Parcel is deli	vered.
Occupant Name				Age	Date
Do you request assistance in finding replacement housing? Yes No					
Occupant Signature Date	Relocation Agent Signature Date				
X Complete Inform	matian Dal		-! d		
Would you Prefer to Buy? Purchase Property Type					
☐ Yes ☐ No Price Range ☐ Single Family ☐ Two Family ☐ Other					
aximum down payment relocatee can pay Maximum Monthly Payment			Debts		
\$				\$	
FHA Needed				Monthly Debt Payment	
Yes No Would You Prefer to Rent?	Dantal Dra			\$	
	Rental Property Type Apartment One Family Income		ly Income	☐ Public F	lousing-Low Income
☐ Yes ☐ No	Flat (de			☐ Public Housing-Low Income☐ Furnished	
Rental Range	Triat (duplex) Glooping Room		(00111	Housekeeping Room	
From \$ to \$					Coping Room
Area Desired 1 st Choice 2 nd Choice 3 rd Choice					
			0 0		
Services Requested?					
☐ Heat ☐ Electric		All Utilities			Specify
If required, will you pre-pay rent?	If required, will you pay security deposit?				
Yes No		Yes No			
Provision for Pets					
Would you be interested in Public Housing, if eligible?		If Yes, Where?		Amount of A	ssets
☐ Yes ☐ No					
Would you consider retaining and moving dwelling, if feasible?		Where		1	
Yes No Undecided					
Comments					
Project ID Project			Country		Parael
Project ID Project			County		Parcel
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