

Office of Right of Way/Acquisition-Relocation
800 Lincoln Way, Ames, IA 50010

UPS Letter

Dear _____ :

By previous notice, you were advised that the Iowa Department of Transportation would provide you with written notice of the specific date by which you must vacate and surrender possession of the subject parcel of property.

In accord with the Right of Way Acquisition policy, this letter will serve as 30-day notice that you will be required to vacate and surrender possession of the property on or before _____ .

Your Relocation Assistance Agent, _____ , will be in contact with you to coordinate your relocation needs. _____ may be contacted at _____. When contacting the Iowa DOT, concerning this property, please refer to _____ County, Project Number _____ , Parcel _____ .

We appreciate your continued cooperation with this needed highway improvement.

Cordially,

Acquisition/Relocation Supervisor

MEH: ms

Cc:

_____, Relocation Agent
Property Management
_____, District Engineer



OFFICE OF RIGHT OF WAY - RELOCATION

ASSIGNMENT OF INTEREST

I, _____ hereby authorize and request the Iowa
Department of Transportation to make payment directly to
_____ in the amount of
\$0.000 for a bill dated _.

These expenses are true, just, and unpaid and were incurred in my relocation.

Signature

Date

W-9 on File for Vendor



**OFFICE OF RIGHT OF WAY - RELOCATION
CLAIM FOR RESIDENTIAL
RELOCATION ASSISTANCE REIMBURSEMENT**

County _____ Project No. _____ Parcel _____

APPLICATION FOR REIMBURSEMENT (Check Applicable Items)

- Replacement Housing Payment Transfer Costs/Incidental Expenses In Purchase of Replacement Dwelling
 Residential Moving Payment Increased Interest Payment Personal Property

1. Name _____ <u>Subj. Address</u> Street _____ City _____ State <u>IA</u> Zip _____ Furnished with your Furniture? <u>Yes</u> Number of rooms occupied _____ (Excluding bathrooms, hallways & closets) : _____	2. Date Moved _____ <u>New Address</u> Street _____ City _____ State _____ Zip _____ Were household goods moved to or from storage: <u>No</u>
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3. SCHEDULE MOVING COSTS AND DISLOCATION ALLOWANCE Amount claimed by schedule of Iowa Department of Transportation for fixed payment _____	\$ _____
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4. ACTUAL MOVING EXPENSES <input type="checkbox"/> Personal Property <input type="checkbox"/> Commercial Moving Expenses (supported by receipted bills) <input type="checkbox"/> Self-moves (supported by receipted bills or other evidence of expenses) <input type="checkbox"/> Storage: _____ months x \$ _____ Total Months Claimed _____ (Max 12)	
TOTAL OF ACTUAL MOVING EXPENSES \$ _____	

5. REPLACEMENT HOUSING REIMBURSEMENT CLAIMED Type of Payment Claimed (Check a, b, c, or d) <input type="checkbox"/> a. Former Owner-occupant, Purchasing Replacement or retaining present housing <input type="checkbox"/> b. Former Owner-occupant, Renting Replacement Housing <input type="checkbox"/> c. Former Tenant or Roomer, Purchasing Replacement Housing <input type="checkbox"/> d. Former Tenant or Roomer, Renting Replacement Housing Payment _____ @ \$ _____ Total Months Claimed _____ (Max 42) <input type="checkbox"/> LAST RESORT REMAINING ELIGIBLE FUNDS \$ _____	
AMOUNT CLAIMED FOR REPLACEMENT HOUSING REIMBURSEMENT \$ _____	

6. TOTAL OF INCREASED INTEREST PAYMENT Based upon information furnished to the State by the old and new mortgage holder(s)	\$ _____
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7. TRANSFER COSTS AND INCIDENTAL EXPENSES IN THE PURCHASE OF REPLACEMENT HOUSING Receipts showing these costs have been paid must be furnished by claimant	\$ _____
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8. PAYMENTS TO BE MADE TO: (if other than claimant) <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">NAME</th> <th style="text-align: left;">ADDRESS</th> <th style="text-align: left;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table> Assignment(s) or other letters directing these payments shall be on file with: Iowa Department of Transportation, Relocation Assistance Section, Ames, Iowa 50010	NAME	ADDRESS	AMOUNT	_____	_____	\$ _____	_____	_____	\$ _____	_____	_____	\$ _____	
NAME	ADDRESS	AMOUNT											
_____	_____	\$ _____											
_____	_____	\$ _____											
_____	_____	\$ _____											

9. The amount of payment(s) claimed herein are Subject to Audit for Compliance with State and Federal Regulations. TOTAL AMOUNT OF THIS CLAIM <input type="checkbox"/> Final Claim <input type="checkbox"/> Not Final Claim	\$ _____
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**IOWA DEPARTMENT OF TRANSPORTATION USE ONLY
RELOCATION SECTION APPROVALS**

Relocation Advisor Date

Relocation Payment Auditor Date

CLAIMANT'S CERTIFICATION

I certify that the above claim is correct, just and unpaid.

Signed (Must be signed in ink) Date



OFFICE OF RIGHT OF WAY – RELOCATION

COMPARABLE INSPECTION SHEET

ROOM DIMENSIONS	LISTING or SELLING INFORMATION
Living Room _____ Dining Room _____ Kitchen _____ Bedroom(s) _____ _____ _____ _____ Other _____ _____	Firm: _____ Agent: _____ Type of Listing: MLS Reference No: _____ Tel. No.: _____ Listing/Rental Price:\$ _____ Average Utilities \$ _____ Comp Address: _____ City: _____ Location/Directions: _____ Type of Property: Urban

USE: Single Family
 SCHOOLS: Elementary _____ Middle _____ High School _____
 OFF-SITE: Paved Street Gravel Street/Road Curb & Gutter
 Lot Size: _____

EXTERIOR

Type of House: _____
 Construction: Frame
 Age: _____
Siding Type: _____
 Condition: _____
 Foundation: _____
 Condition: _____
Windows: _____
 Condition: _____
 Roof: Asphalt
 Condition: _____
Other: _____
 State of Repair: _____

INTERIOR

Gross Area: _____ S.F.
 Habitable Area: _____ S.F.
 Meets Habitable Area Standard: Yes
Number of Rooms: _____
 Including _____ **Bedrooms**
 Safe, Unobstructed Egress: Yes

Bathroom: No. _____		Yes	No	Kitchen Area Contains:		Yes	No
a. Well Lighted		<input type="checkbox"/>	<input type="checkbox"/>	a. Sink in good working condition with hot and cold water		<input type="checkbox"/>	<input type="checkbox"/>
b. Ventilated		<input type="checkbox"/>	<input type="checkbox"/>	b. Sewage Disposal System		<input type="checkbox"/>	<input type="checkbox"/>
c. Bath Tub/Shower		<input type="checkbox"/>	<input type="checkbox"/>	c. Utility Service Connections		<input type="checkbox"/>	<input type="checkbox"/>
d. Lavatory		<input type="checkbox"/>	<input type="checkbox"/>	d. Space for Installation of Appliances		<input type="checkbox"/>	<input type="checkbox"/>
e. Hot and Cold Water		<input type="checkbox"/>	<input type="checkbox"/>				
f. Flush Water Closet		<input type="checkbox"/>	<input type="checkbox"/>				
g. Connection to Sewage System		<input type="checkbox"/>	<input type="checkbox"/>				
h. Affords Privacy		<input type="checkbox"/>	<input type="checkbox"/>	Main Floor Laundry: No			

Type of Heating System: Forced Air **Adequate?** Yes
 A/C _____
Adequate Supply of Potable Water? Yes
Provision for Artificial Lighting Each Room: Yes
 If Rental, Furnished? No

Basement: _____ **Finished:** ___%
 Adequate Egress for Livable Use: No
Garage: None _ Car

UTILITIES:

Electricity:
 110 Volts 220 Volts
 Heating
 Propane
 Natural Gas
 Electric
 Water
 Public Water Well
 Sewer
 Public Sewer Septic System
 Sump Pump
 Smoke Alarm, No. _____
 Security System

Miscellaneous Features: _____
Inspection Comments: _____

This house has been viewed and to the best of my knowledge does (not) meet the requirements for decent safe and sanitary housing in accordance with 49 CFR, Part 24-Uniform Relocation Assistance and Real Property Acquisition for Federal and Federally Assisted Programs and Divisions of Highway Department Rules.

By: _____

 Relocation Advisor
 Date

Comparable
 Replacement

**DETERMINATION OF
ELIGIBILITY FOR IN-LIEU PAYMENT
Businesses and Farm Operations**

NAME _____ **PROJECT NUMBER** _____ **PARCEL** _____

The displaced business or farm operation is eligible for an in-lieu payment if the Iowa Department of Transportation determines that:

1. The business owns or rents personal property which must be moved and for which an expense would be incurred in such move and the business vacates or relocates from the displacement site.

_____ Meets this requirement _____ Does not meet this requirement

2. The business cannot be relocated without a substantial loss of its existing patronage (clientele or net earnings). Assumed to meet this requirement unless the Iowa Department of Transportation determines otherwise.

_____ Meets this requirement _____ Does not meet this requirement

3. The business is not part of a commercial enterprise having more than three other entities which are not being acquired.

_____ Meets this requirement _____ Does not meet this requirement

4. The business is not operated at a displacement dwelling solely for the purpose of renting such dwelling to others.

_____ Meets this requirement _____ Does not meet this requirement

5. The business is not operated at the displacement site solely for the purpose of renting the site to others.

_____ Meets this requirement _____ Does not meet this requirement

6. The business contributed materially to the income of the displaced person during the two taxable years prior to displacement.

A. Had average annual gross receipts of at least \$5,000; or

B. Had average annual net earnings of at least \$1,000; or

C. Contributed at least 1/3 of the average annual gross income from all sources.

_____ Meets this requirement _____ Does not meet this requirement

ALL SIX CRITERIA MUST BE MET IN ORDER TO BE ELIGIBLE FOR AN IN-LIEU PAYMENT.



IOWA DOT

SMARTER | SIMPLER | CUSTOMER DRIVEN

www.iowadot.gov

Office of Right of Way-Acquisition/Relocation
800 Lincoln Way, Ames, IA 50010

UPS Letter

Dear _____ :

We will extend the date of possession as requested for the property located at _____ until _____. If there are extenuating circumstances that will prohibit this please discuss with me prior to this date. Otherwise the property **must be vacated by the end of the day on** _____.

A delay in possession will result in the delay of the possession payment. Property taxes will remain due until surrender of possession. Any salvage reservation terms in the purchase agreement will be extended to the new date granted. The remaining purchase agreement terms remain in force and effect. If you are in a position to give us full and complete possession prior to this date, please contact your Relocation Agent _____.

Your Relocation Agent will stay in contact with you to offer any assistance you may need and to also keep informed of your progress. When contacting the Iowa DOT please refer to _____ County, Project Number: _____ and Parcel Number: _____.

We appreciate your continued cooperation with this needed highway improvement.

Sincerely,

Relocation/Acquisition Supervisor

MEH: sjw

Property Management Supervisor
Acquisition/Relocation Production Coordinator
_____, District Engineer, District
_____, Relocation Agent
Title & Closing
_____, Property Manager

Dear _____ :

GENERAL INFORMATION NOTICE

When improving the State of Iowa's transportation system the displacement of a small percentage of the population is often necessary. Your property or, a portion of your property, may be acquired by the Iowa Department of Transportation (Iowa DOT) for construction of Highway _____ in _____ County. As a result of our acquisition you MAY be eligible for various relocation payments and assistance in finding a new place to live, operate your business or farm or relocate personal property.

YOU ARE NOT REQUIRED TO MOVE AT THIS TIME.

Displaced individuals, families, businesses, farms and nonprofit organizations may be eligible for relocation advisory services and payments provided by the Uniform Relocation Assistance Real Property Acquisition Policies Act of 1970, as amended.

Persons who are not legally present in the United States are ineligible to receive relocation assistance benefits.

The following is information about available relocation services and payments:

MOVING EXPENSES may be reimbursed to persons who are required to relocate from property acquired by the Iowa DOT.

HOMEOWNER OCCUPANTS may be paid replacement housing payments, increased interest cost payments and reimbursed some of the costs incidental to the purchase of a replacement home if they have actually owned and occupied their homes for at least 90 days immediately before the Iowa DOT makes its first written offer to purchase their home.

RENTERS may be eligible for increased rental cost payments or a payment toward the purchase of a new home if they have actually occupied their dwelling for at least 90 days immediately before the Iowa DOT makes the owner of the property a written offer to purchase that property.

WHEN PAYMENTS CAN BE MADE – No relocation payment can be made until the Iowa DOT has issued a notice of intent to acquire the real property or has made its first written offer to purchase the real property where the person lives or operates their business or farm and the person has moved from the premises.

Homeowners or renters of dwelling units may receive relocation assistance payments only if they either purchase or rent and occupy a dwelling, which meets the Iowa DOT's standards as decent, safe

and sanitary. You should make any offer contingent on the Iowa DOT's satisfactory inspection before you rent or purchase.

90-day or longer homeowner occupants must purchase and occupy a decent, safe and sanitary dwelling unit within one year from either the date they receive final payment for the acquired dwelling or the date the Iowa DOT makes available to them at least one comparable replacement property, whichever is later.

To receive a relocation assistance payment, RENTERS must occupy a decent, safe and sanitary dwelling within one year after vacating the acquired property.

No person who is lawfully occupying real property required for the project will be asked to move without first being given at least 90 days advance notice, in writing. No occupants of any type of dwelling, eligible for relocation payments, will be required to move unless adequate decent, safe and sanitary comparable housing, which is open to all persons regardless of race, color, religion, sex or national origin, has been made available to them by the Iowa DOT or they have secured such housing for themselves.

APPEALS – The Uniform Act provides that a person may appeal to the head of the responsible agency, if the person believes that the agency has failed to properly determine the person's eligibility for, or the amount of payment authorized by the Uniform Act. You have the right to be represented by legal counsel, however, represented by legal counsel **is not** required.

If you believe a proper determination has not been made, you may seek judicial review.

Answers to your questions can be obtained by calling or writing your Relocation Assistance Advisor, _____, at 515-_____. When contacting the Iowa DOT, please reference _____ County, Project Number: _____ and Parcel Number: _____.

Sincerely,

Acquisition/Relocation Supervisor

MEH: ms

Acquisition/Relocation Production Coordinator
, Relocation Agent



OFFICE OF RIGHT OF WAY - RELOCATION

KEEP VACANT AGREEMENT

Parcel No. _____ County _____

Project No. _____

THIS AGREEMENT, entered into this ____ day of _____, 20____, by and between _____, hereinafter designated as the "Owner" and the Iowa Department of Transportation, hereinafter designated as the "Department".

The Owner agrees not to lease to any tenant the following described property situated on the above project, located at: _____

In consideration of the following terms, provisions, and conditions:

1. **TIME PERIOD:** The duration of this Agreement shall be from the ____ day of _____, 20____, until the date title is to be conveyed per the terms of a signed purchase agreement or the date of condemnation, which ever is applicable. It is understood no extensions will be given.
2. **CONSIDERATION:** The Department shall pay an amount equal to the rental in the amount of \$_____ per month that the premises are vacant during the term of this agreement. Payment shall be paid every month, in arrears, by the 10th day of the succeeding month during the time period of this agreement. Should this agreement be terminated prior to the last day of the month, the rent will be prorated.
3. **TERMINATION:** This agreement will be terminated without further notice, on the date described in Item 1. The Department also reserves the right to terminate this agreement upon 30 days notice to the Owner in writing.

Nothing in this agreement shall be construed to create a landlord-tenant relationship between the Owner and the Department.

OWNER:

IOWA DEPARTMENT OF TRANSPORTATION:

Name Date

Date

Address

City, State & Zip

Telephone Number

Telephone Number

Office of Right of Way
800 Lincoln Way/ Ames, Iowa 50010
Phone: 515-239-1135

Dear _____ :

This letter is to inform you that the Iowa Department of Transportation intends to acquire the property, or a portion of the property located at _____ as right of way for the Highway Project: _____, Parcel _____ in _____ County, Iowa.

This notice is intended to assure that those who will be displaced, due to the acquisition of this property for highway purposes, will not lose their eligibility for any relocation assistance payments for which they are eligible, if they move after receipt of this notice and prior to initiation of negotiations for the subject property. It is anticipated at this time that negotiations will be initiated for the acquisition of the subject property on or near _____.

The Iowa Department of Transportation Relocation Brochure enclosed, explains the general Relocation Services and payments available to those who are displaced by highway acquisitions and outlines the eligibility requirements for each type of payment.

The Iowa Department of Transportation does not recommend that tenants move from property they occupy prior to the time such properties are acquired by the department. In each instance tenants will be provided a 90-day vacancy notice, prior to the time they are required to move. We recommend that tenants continue occupancy, until such notice is received from the Iowa DOT.

Cordially,

Acquisition/Relocation Supervisor

MEH: ms



OFFICE OF RIGHT OF WAY – RELOCATION

MORTGAGE INTEREST DIFFERENTIAL PAYMENT (MIDP)

Name _____ County _____
Address _____ Project _____
City, State, Zip _____ Parcel _____

The Iowa Department of Transportation provides a payment to reimburse you for the increased interest costs and other debt service costs that you incur in connection with obtaining a mortgage on your replacement dwelling.

The MIDP is contingent on: 1) the existence of a bonafide mortgage(s) that was a valid lien on the displacement dwelling for at least 180 days prior to the initiation of negotiations; and, 2) a mortgage being placed on the replacement dwelling.

Payment for increased mortgage interest costs in the amount which will reduce the mortgage balance on your new mortgage to an amount which could be amortized with the same monthly payment (*principal and interest*) over the same period of time as the mortgage on the displacement dwelling.

Payment will be made for certain other debt service costs provided: 1) they are not paid as incidental expenses; 2) they do not exceed rates normal to similar real estate transactions in your area; and 3) the Iowa Department of Transportation determines them to be necessary.

Based on the current balance and terms of your existing mortgage and prevailing terms for new conventional mortgages in your area, you are eligible for an MIDP of \$_____. This payment is based on the remaining term and amount of the mortgage on the displacement dwelling and current prevailing mortgage interest rate of _____% interest with _____ points.

This eligibility is premised on your obtaining a mortgage on your replacement dwelling for a term of not less than _____ months, the remaining term of your existing mortgage, for not less than \$_____.

If you elect to obtain a mortgage in a similar amount or for a shorter term, a recomputation will be required and your payment will change.

Relocation Advisor

Relocation Assistance Supervisor

Date Submitted to Displacee

Date Prepared

- Estimated MIDP
- Actual MIDP



OFFICE OF RIGHT OF WAY - RELOCATION

**ESTIMATED COST OF SELF-MOVE OF
PERSONAL PROPERTY**

County _____
Project No. _____
Parcel No. _____

Personalty Owner _____
Address _____
Location of personalty to be moved _____
Replacement location for personalty _____

Proposed move date _____
Items to be moved (attach additional sheet if necessary)

Estimated costs:

Lump sum Agent's estimate: \$ _____

If \$1,501 or more:

EQUIPMENT

_____, _____ hours @ \$_____/hours = \$_____
_____, _____ hours @ \$_____/hours = \$_____

LABOR

_____ persons @ \$_____/hr x _____ hrs = _____
_____ persons @ \$_____/hr x _____ hrs = _____

I concur with the above inventory and estimated cost.

Relocatee

Date

Submitted by:

Right of Way Advisor

Date



OFFICE OF RIGHT OF WAY – RELOCATION

NON RESIDENTIAL FIXED PAYMENT

County _____
Project No. _____
Parcel No. _____
Name _____
Company _____

A building located at _____ is the location from which _____ conduct(s) their business. This property is being acquired by the Iowa Department of Transportation for a highway improvements project. The main function of this business is _____.

_____, owner(s) is/are making an application for a fixed payment for a business move.

The business cannot be relocated without a substantial loss of its existing patronage (*clientele or net earnings*). A business is assumed to meet this test unless the agency demonstrates that it will not suffer substantial loss or its existing patronage.

Because of the above-mentioned factors, it is my opinion that the subject is eligible for a fixed payment for a business move.

The following information was gathered from the income tax statements submitted by the owner:

Year _____	Amount \$ _____	
Year _____	Amount \$ _____	divided by 2 = \$ _____

Based on the above information, a \$ _____ fixed payment maximum/minimum for a business move is hereby submitted for approval.

Recommended by:

Relocation Assistance Advisor

Approved by:

Relocation Assistance Supervisor

Office of Right of Way-Acquisition/Relocation
800 Lincoln Way, Ames, IA 50010
Phone: 515-239-1135/Email: mark.holm@dot.iowa.gov

Date Negotiations Initiated _____

When corresponding, refer to:

County: _____

Project: _____

Parcel: _____

OFFER OF RELOCATIONAL ASSISTANCE
Business
90-DAY NOTIFICATION TO VACATE

The Iowa Department of Transportation has made an offer to purchase the above designated parcel of land, which you operate a business on, for highway right of way. The Iowa Department of Transportation assists persons displaced by the purchase of land for transportation purposes through our Relocation Assistance Program. The payments and services to which you may be entitled are outlined in the brochure previously given to you.

You will not be required to move your personal property for at least 90 days from the date of this notice. At some later date you will be given a written notice and a date by which you must vacate the property. You will have at least 30 days after receipt of the written notice before you must move.

1. RELOCATION ADVISORY ASSISTANCE

The Iowa DOT will assist you in finding a new location to conduct your business operation.

2. MOVING AND RELATED EXPENSES

You may be entitled to payment for such actual moving and related expenses as the Iowa DOT determines to be reasonable and necessary, including expenses for:

- Transportation of personal property. Reimbursement is limited to the cost of moving 50 miles, unless the Iowa DOT determines that relocation beyond 50 miles is justified.
- Packing, crating, unpacking and uncrating of the personal property.
- Disconnecting, dismantling, removing reassembling, and reinstalling relocated machinery, equipment and other personal property. This includes connection to utilities available nearby. It also includes modifications to the personal property necessary to adapt it to the comparable site, or the utilities at the replacement site and modifications necessary to adapt the utilities at the replacement site to the personal property.

- Storage of the personal property not to exceed 12 months, unless the Iowa DOT determines that a longer period is necessary.
- Insurance for the replacement value of the personal property in connection with the move and necessary storage.
- Any license, permit or certification required of your business operation at the comparable location. The payment is limited to the remaining useful life of your existing license, permit, or certification.
- The replacement value of property lost, stolen, or damaged in the process of moving (not through your own fault or negligence or of your agent or employee) where insurance covering such loss, theft or damage is not reasonably available.
- Professional services necessary for planning the move of the personal property, moving the personal property and installing the relocated personal property at the comparable location.
- Relettering signs and replacing stationary on hand at the time of displacement that is made obsolete as a result of the move.
- Actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business operation. The payment consists of the lesser of: the fair market value of the item for continued use at the displacement site, less the proceeds from its sale. (To be eligible for payment, you must make a good faith effort to sell the personal property, unless the Iowa DOT determines that such effort is not necessary. When payment for property loss is claimed for goods held for sale, the fair market value will be based on the cost of the goods to the business, not the potential selling price); or the estimated cost of moving the item, but with no allowance for storage. (If the business operation is discontinued, the estimated cost will be based on a moving distance of 50 miles.)
- The reasonable cost incurred in attempting to sell an item that is not to be relocated.
- Purchase of substitute personal property. If an item of personal property which is used as part of a business operation is not moved, but is promptly replaced with a substitute item that performs a comparable function at the replacement site, you will be entitled to a payment for the lesser of the cost of the substitute item, including installation costs at the comparable site, minus any proceeds from the sale or trade-in of the replaced item; or the estimated cost of moving and reinstalling the replaced item, based on the lowest acceptable bid or estimate obtained by the Iowa DOT for eligible moving and related expenses but with no allowance for storage.
- Searching for a replacement location. A displaced business operation is entitled to reimbursement for actual expenses, not to exceed \$2,500, as the Iowa DOT determines to be reasonable, which are incurred in searching for a replacement location, including:

- i. Transportation
- ii. Meals and lodging away from home
- iii. Time spent searching, based on reasonable salary or earnings.
- iv. Fees paid to a real estate agent or broker to locate a replacement site exclusive of any fees or commissions related to the purchase of such site.
- v. Connection to available nearby utilities from the right of way to the improvements at the replacement site.
- vi. Professional services performed prior to the purchase or lease of a replacement site to determine its suitability (e.g. soil testing, feasibility and marketing studies).
- vii. Impact fees or one time assessments directly related to anticipated heavy utility usage
- viii. Other moving related expenses as the Iowa DOT determine to be reasonable and necessary.

IMPORTANT in order to qualify for reimbursement of the above-described expenses, you must provide the Iowa DOT with a certified list or inventory of the items to be moved at least 30 days in advance of the start of your move; and Notify the Iowa DOT at least 15 days in advance of the date of the start of your move or disposition of your personal property, and permit the Iowa DOT to make reasonable and timely inspections of the personal property at both the displacement and replacement sites; and permit the Iowa DOT to monitor the move.

Failure to comply with any of the above four requirements may result in your losing all or part of your benefits.

As a matter of information, you should also be aware that you are not entitled to payment under the relocation regulation, for:

- any legal fee or other costs for preparing a claim for a relocation payment or for representing you before the Iowa DOT; or
- the cost of moving any structure or other real property improvement in which you reserved ownership; or
- interest on a loan to cover moving expenses; or
- loss of business goodwill; or
- loss of profits; or
- loss of trained employees; or
- personal injury; or
- costs for storage of personal property on real property owned or leased by the displaced person.

You may either move by commercial mover or take full responsibility for all or part of the move. If you elect a "self-move" the Iowa DOT must first obtain at least two acceptable bids or estimates.

In addition to the above moving and related expenses you may be eligible for:

3. REESTABLISHMENT EXPENSES

In addition to the payments available above, a small business or nonprofit organization may be eligible to receive a payment **NOT TO EXCEED \$25,000** for expenses actually incurred in relocating and reestablishing a small business, farm or nonprofit organization at a replacement site.

Reestablishment expenses must be reasonable and necessary as determined by the Iowa DOT. They may include, but are not limited to the following:

- a. Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance, including costs incurred in complying with OSHA or ADA requirements at the replacement site.
- b. Modifications to replacement property to accommodate the business operation or make replacement structure suitable for conducting the business.
- c. Construction and installation costs for exterior signing to advertise the business.
- d. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint, paneling or carpet.
- e. Advertising of the replacement site
- f. Estimated increased costs of operation during the first two years at the replacement site for such items as:
 - Lease or rental charges;
 - Personal or real property taxes
 - Insurance premiums and
 - Utility charges, excluding impact fees
- g. Other items that the Iowa DOT considers essential to the reestablishment of the business.

As a matter of information, you should be aware that you are not entitled to payment under the reestablishment regulations for any of the following:

- Purchase of capital assets, such as office furniture, filing cabinets, and machinery or trade fixtures.
- Purchase of manufacturing material, production supplies, product inventory or other items used in the normal course of business operation.
- Interior or exterior refurbishment at the replacement site which is purely aesthetic in purpose, except as paid in (e.) above.
- Interest on money borrowed to make the move or purchase the replacement property.
- Payment to a part-time business in the home which does not contribute materially to the household income.

INSTEAD OF THE ABOVE MOVING AND REESTABLISHMENT PAYMENTS , you **may** be eligible for:

FIXED PAYMENT

In lieu of payment for actual moving and related expenses and reestablishment expenses, you may elect to receive an amount equal to your business; average annual net earnings in an amount **NOT LESS THAN \$1,000 OR MORE THAN \$40,000**. A displaced business is eligible for the payment if the Iowa DOT determines that:

- a. The business owns or rents personal property which must be moved in connection with such move and business vacates or relocates from its displaced site.
- b. The business cannot be relocated without a substantial loss of its existing patronage (clientele or net earnings). A business is assumed to meet this test unless the Iowa DOT determines that it will not suffer a substantial loss of its existing patronage.
- c. The business is not part of a commercial enterprise having more than three other entities which are not being acquired by the Iowa DOT and which are under the same ownership and engaged in the same or similar business activities.
- d. The business is not operated at a displacement dwelling solely for the purpose of renting such dwelling to others.
- e. The business is not operated at a displacement site solely for the purpose of renting such site to others.
- f. The business contributed materially to the income of the displaced person during the two taxable years prior to the displacement.

If you are refused a relocation payment by the Iowa DOT, or believe the payment offered is not enough, you may appeal. No legal assistance is required. Your Relocation Advisor will provide you additional information about the appeal procedure if you desire.

Moving and related payments are not considered as income for the purposes of personal income tax laws. Furthermore these payments are not considered income or resources to recipients of public assistance.

It is important that you understand the matters explained above which relate to your eligibility. Your relocation will be handled by _____. If at any time you need assistance, your advisor can be contacted at _____.

By _____
Date
Right of Way Advisor

By _____
Date
Relocation Assistance Supervisor

ACKNOWLEDGEMENT

I was personally contacted by the above Right of Way Advisor representing the Iowa Department of Transportation. The Advisor explained the advisory services and entitlements to me. I was further advised that the Iowa Department of Transportation's Relocation Advisor would be available to assist me if any questions arise or, as assistance is needed. I have been given a copy of this notice.

Date _____,20____

_____ Displacee

_____ Displacee

Date Negotiations Initiated

When corresponding, refer to:

County: _____

Project: _____

Parcel: _____

OFFER OF RELOCATIONAL ASSISTANCE
Farm Operation
90-DAY NOTIFICATION TO VACATE

The Iowa Department of Transportation has made an offer to purchase the above designated parcel of land, which you operate a business on, for highway right of way. The Iowa Department of Transportation assists persons displaced by the purchase of land for transportation purposes through our Relocation Assistance Program. The payments and services to which you may be entitled are outlined in the brochure previously given to you.

You will not be required to move your personal property for at least 90 days from the date of this notice. At some later date you will be given a written notice and a date by which you must vacate the property. You will have at least 30 days after receipt of the written notice before you must move.

1. RELOCATION ADVISORY ASSISTANCE

The Iowa DOT will assist you in finding a new location to conduct your business operation.

2. MOVING AND RELATED EXPENSES

You may be entitled to payment for such actual moving and related expenses as the Iowa DOT determines to be reasonable and necessary, including expenses for:

- Transportation of personal property. Reimbursement is limited to the cost of moving 50 miles, unless the Iowa DOT determines that relocation beyond 50 miles is justified.
- Packing, crating, unpacking and uncrating of the personal property.
- Disconnecting, dismantling, removing reassembling, and reinstalling relocated machinery, equipment and other personal property. This includes connection to utilities available nearby. It also includes modifications to the personal property necessary to adapt it to the comparable site, or the utilities at the replacement site and modifications necessary to adapt the utilities at the replacement site to the personal property.

- Storage of the personal property not to exceed 12 months, unless the Iowa DOT determines that a longer period is necessary.
- Insurance for the replacement value of the personal property in connection with the move and necessary storage.
- Any license, permit or certification required of your business operation at the comparable location. The payment is limited to the remaining useful life of your existing license, permit, or certification.
- The replacement value of property lost, stolen, or damaged in the process of moving (not through your own fault or negligence or of your agent or employee) where insurance covering such loss, theft or damage is not reasonably available.
- Professional services necessary for planning the move of the personal property, moving the personal property and installing the relocated personal property at the comparable location.
- Relettering signs and replacing stationary on hand at the time of displacement that is made obsolete as a result of the move.
- Actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business operation. The payment consists of the lesser of: the fair market value of the item for continued use at the displacement site, less the proceeds from its sale. (To be eligible for payment, you must make a good faith effort to sell the personal property, unless the Iowa DOT determines that such effort is not necessary. When payment for property loss is claimed for goods held for sale, the fair market value will be based on the cost of the goods to the business, not the potential selling price); or the estimated cost of moving the item, but with no allowance for storage. (If the business operation is discontinued, the estimated cost will be based on a moving distance of 50 miles.)
- The reasonable cost incurred in attempting to sell an item that is not to be relocated.
- Purchase of substitute personal property. If an item of personal property which is used as part of a business operation is not moved, but is promptly replaced with a substitute item that performs a comparable function at the replacement site, you will be entitled to a payment for the lesser of the cost of the substitute item, including installation costs at the comparable site, minus any proceeds from the sale or trade-in of the replaced item; or the estimated cost of moving and reinstalling the replaced item, based on the lowest acceptable bid or estimate obtained by the Iowa DOT for eligible moving and related expenses but with no allowance for storage.
- Searching for a replacement location. A displaced business operation is entitled to reimbursement for actual expenses, not to exceed \$2,500, as the Iowa DOT determines to be reasonable, which are incurred in searching for a replacement location, including:

- i. Transportation
- ii. Meals and lodging away from home
- iii. Time spent searching, based on reasonable salary or earnings.
- iv. Fees paid to a real estate agent or broker to locate a replacement site exclusive of any fees or commissions related to the purchase of such site.
- v. Connection to available nearby utilities from the right of way to the improvements at the replacement site.
- vi. Professional services performed prior to the purchase or lease of a replacement site to determine its suitability (e.g. soil testing, feasibility and marketing studies).
- vii. Impact fees or one time assessments directly related to anticipated heavy utility usage
- viii. Other moving related expenses as the Iowa DOT determine to be reasonable and necessary.

IMPORTANT in order to qualify for reimbursement of the above-described expenses, you must provide the Iowa DOT with a certified list or inventory of the items to be moved at least 30 days in advance of the start of your move; and Notify the Iowa DOT at least 15 days in advance of the date of the start of your move or disposition of your personal property, and permit the Iowa DOT to make reasonable and timely inspections of the personal property at both the displacement and replacement sites; and permit the Iowa DOT to monitor the move.

Failure to comply with any of the above four requirements may result in your losing all or part of your benefits.

As a matter of information, you should also be aware that you are not entitled to payment under the relocation regulation, for:

- any legal fee or other costs for preparing a claim for a relocation payment or for representing you before the Iowa DOT; or
- the cost of moving any structure or other real property improvement in which you reserved ownership; or
- interest on a loan to cover moving expenses; or
- loss of business goodwill; or
- loss of profits; or
- loss of trained employees; or
- personal injury; or
- costs for storage of personal property on real property owned or leased by the displaced person.

You may either move by commercial mover or take full responsibility for all or part of the move. If you elect a "self-move" the Iowa DOT must first obtain at least two acceptable bids or estimates.

In addition to the above moving and related expenses you may be eligible for:

3. REESTABLISHMENT EXPENSES

In addition to the payments available above, a small business or nonprofit organization may be eligible to receive a payment **NOT TO EXCEED \$25,000** for expenses actually incurred in relocating and reestablishing a small business, farm or nonprofit organization at a replacement site.

Reestablishment expenses must be reasonable and necessary as determined by the Iowa DOT. They may include, but are not limited to the following:

- a. Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance, including costs incurred in complying with OSHA or ADA requirements at the replacement site.
- b. Modifications to replacement property to accommodate the business operation or make replacement structure suitable for conducting the business.
- c. Construction and installation costs for exterior signing to advertise the business.
- d. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint, paneling or carpet.
- e. Advertising of the replacement site
- f. Estimated increased costs of operation during the first two years at the replacement site for such items as:
 - Lease or rental charges;
 - Personal or real property taxes
 - Insurance premiums and
 - Utility charges, excluding impact fees
- g. Other items that the Iowa DOT considers essential to the reestablishment of the business.

As a matter of information, you should be aware that you are not entitled to payment under the reestablishment regulations for any of the following:

- Purchase of capital assets, such as office furniture, filing cabinets, and machinery or trade fixtures.
- Purchase of manufacturing material, production supplies, product inventory or other items used in the normal course of business operation.
- Interior or exterior refurbishment at the replacement site which is purely aesthetic in purpose, except as paid in (e.) above.
- Interest on money borrowed to make the move or purchase the replacement property.
- Payment to a part-time business in the home which does not contribute materially to the household income.

INSTEAD OF THE ABOVE MOVING AND REESTABLISHMENT PAYMENTS, you may be eligible for:

FIXED PAYMENT

In lieu of payment for actual moving and related expenses and reestablishment expenses, you may elect to receive an amount equal to your business; average annual net earnings in an amount NOT LESS THAN \$1,000 OR MORE THAN \$40,000. A displaced business is eligible for the payment if the Iowa DOT determines that:

- a. The business owns or rents personal property which must be moved in connection with such move and business vacates or relocates from its displaced site.
- b. The business cannot be relocated without a substantial loss of its existing patronage (clientele or net earnings). A business is assumed to meet this test unless the Iowa DOT determines that it will not suffer a substantial loss of its existing patronage.
- c. The business is not part of a commercial enterprise having more than three other entities which are not being acquired by the Iowa DOT and which are under the same ownership and engaged in the same or similar business activities.
- d. The business is not operated at a displacement dwelling solely for the purpose of renting such dwelling to others.
- e. The business is not operated at a displacement site solely for the purpose of renting such site to others.
- f. The business contributed materially to the income of the displaced person during the two taxable years prior to the displacement.

If you are refused a relocation payment by the Iowa DOT, or believe the payment offered is not enough, you may appeal. No legal assistance is required. Your Relocation Advisor will provide you additional information about the appeal procedure if you desire.

Moving and related payments are not considered as income for the purposes of personal income tax laws. Furthermore these payments are not considered income or resources to recipients of public assistance.

It is important that you understand the matters explained above which relate to your eligibility. Your relocation will be handled by _____. If at any time you need assistance, your advisor can be contacted at _____.

By _____
Date
Right of Way Advisor

By _____
Date
Relocation Assistance Supervisor

ACKNOWLEDGEMENT

I was personally contacted by the above Right of Way Advisor representing the Iowa Department of Transportation. The Advisor explained the advisory services and entitlements to me. I was further advised that the Iowa Department of Transportation's Relocation Advisor would be available to assist me if any questions arise or, as assistance is needed. I have been given a copy of this notice.

Date _____, 20____

_____ Displacee

_____ Displacee

Office of Right of Way-Acquisition/Relocation
800 Lincoln Way, Ames, IA 50010

Date Negotiations Initiated

When corresponding, refer to:

County: _____

Project: _____

Parcel:: _____

**OFFER OF RELOCATIONAL ASSISTANCE
LANDLORD
90-DAY NOTIFICATION TO VACATE**

The Iowa Department of Transportation has made an offer to purchase the above designated parcel of land, which you lease to others, for highway right of way. The Iowa Department of Transportation assists persons displaced by the purchase of land for transportation purposes through our Relocation Assistance Program. The payments and services to which you may be entitled are outlined in the brochure previously given to you.

You will not be required to move your personal property for at least 90 days from the date of this notice. At some later date you will be given a written notice and a date by which you must vacate the property. You will have at least 30 days after receipt of the written notice before you must move.

1. RELOCATION ADVISORY ASSISTANCE

The Iowa DOT will assist you in finding a replacement dwelling.

2. MOVING AND RELATED EXPENSES

You may be entitled to payment for such actual moving and related expenses as the Iowa DOT determines to be reasonable and necessary, including expenses for:

- a. Transportation of personal property. Reimbursement is limited to the cost of moving 50 miles, unless the Iowa DOT determines that relocation beyond 50 miles is justified.
- b. Packing, crating, unpacking and uncrating of the personal property.
- c. Disconnecting, dismantling, removing reassembling, and reinstalling relocated machinery, equipment and other personal property. This includes connection to utilities available nearby. It also includes modifications to the personal property

necessary to adapt it to the comparable site, or the utilities at the replacement site and modifications necessary to adapt the utilities at the replacement site to the personal property.

- d. Storage of the personal property not to exceed 12 months, unless the Iowa DOT determines that a longer period is necessary.
- e. Insurance for the replacement value of the personal property in connection with the move and necessary storage.
- f. Any license, permit or certification required of your business operation at the comparable location. The payment is limited to the remaining useful life of your existing license, permit, or certification.
- g. The replacement value of property lost, stolen, or damaged in the process of moving (not through your own fault or negligence or of your agent or employee) where insurance covering such loss, theft or damage is not reasonably available.
- h. Professional services necessary for planning the move of the personal property, moving the personal property and installing the relocated personal property at the comparable location.
- i. Relettering signs and replacing stationary on hand at the time of displacement that is made obsolete as a result of the move.
- j. Actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business operation. The payment consists of the lesser of: the fair market value of the item for continued use at the displacement site, less the proceeds from its sale. (To be eligible for payment, you must make a good faith effort to sell the personal property, unless the Iowa DOT determines that such effort is not necessary. When payment for property loss is claimed for goods held for sale, the fair market value will be based on the cost of the goods to the business, not the potential selling price); or the estimated cost of moving the item, but with no allowance for storage. (If the business operation is discontinued, the estimated cost will be based on a moving distance of 50 miles.)
- k. The reasonable cost incurred in attempting to sell an item that is not to be relocated.
- l. Purchase of substitute personal property. If an item of personal property which is used as part of a business operation is not moved, but is promptly replaced with a substitute item that performs a comparable function at the replacement site, you will be entitled to a payment for the lesser of the cost of the substitute item, including installation costs at the comparable site, minus any proceeds from the sale or trade-in of the replaced item; or the estimated cost of moving and reinstalling the replaced item, based on the lowest acceptable bid or estimate obtained by the Iowa DOT for eligible moving and related expenses but with no allowance for storage.
- m. Searching for a replacement location. A displaced business operation is entitled to reimbursement for actual expenses, not to exceed \$2,500, as the Iowa DOT

determines to be reasonable, which are incurred in searching for a replacement location, including:

- i. Transportation
- ii. Meals and lodging away from home
- iii. Time spent searching, based on reasonable salary or earnings.
- iv. Fees paid to a real estate agent or broker to locate a replacement site exclusive of any fees or commissions related to the purchase of such site.
- v. Connection to available nearby utilities from the right of way to the improvements at the replacement site.
- vi. Professional services performed prior to the purchase or lease of a replacement site to determine its suitability (e.g. soil testing, feasibility and marketing studies).
- vii. Impact fees or one time assessments directly related to anticipated heavy utility usage
- viii. Other moving related expenses as the Iowa DOT determine to be reasonable and necessary.

IMPORTANT in order to qualify for reimbursement of the above-described expenses, you must provide the Iowa DOT with a certified list or inventory of the items to be moved at least 30 days in advance of the start of your move; and Notify the Iowa DOT at least 15 days in advance of the date of the start of your move or disposition of your personal property, and permit the Iowa DOT to make reasonable and timely inspections of the personal property at both the displacement and replacement sites; and permit the Iowa DOT to monitor the move.

Failure to comply with any of the above four requirements may result in your losing all or part of your benefits.

As a matter of information, you should also be aware that you are not entitled to payment under the relocation regulation, for:

- any legal fee or other costs for preparing a claim for a relocation payment or for representing you before the Iowa DOT; or
- the cost of moving any structure or other real property improvement in which you reserved ownership; or
- interest on a loan to cover moving expenses; or
- loss of business goodwill; or
- loss of profits; or
- loss of trained employees; or
- personal injury; or
- costs for storage of personal property on real property owned or leased by the displaced person.

You may either move by commercial mover or take full responsibility for all or part of the move. If you elect a "self-move" the Iowa DOT must first obtain at least two acceptable bids or estimates.

In addition to the above moving and related expenses you may be eligible for:

3. REESTABLISHMENT EXPENSES

In addition to the payments available above, a small business or nonprofit organization may be eligible to receive a payment **NOT TO EXCEED \$25,000** for expenses actually incurred in relocating and reestablishing a small business, farm or nonprofit organization at a replacement site.

Reestablishment expenses must be reasonable and necessary as determined by the Iowa DOT. They may include, but are not limited to the following:

- a. Repairs or improvements to the replacement real property as required by Federal, State or local law, code or ordinance, including costs incurred in complying with OSHA or ADA requirements at the replacement site.
- b. Modifications to replacement property to accommodate the business operation or make replacement structure suitable for conducting the business.
- c. Construction and installation costs for exterior signing to advertise the business.
- d. Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint, paneling or carpet.
- e. Advertising of the replacement site
- f. Estimated increased costs of operation during the first two years at the replacement site for such items as:
 - Lease or rental charges;
 - Personal or real property taxes
 - Insurance premiums and
 - Utility charges, excluding impact fees
- g. Other items that the Iowa DOT considers essential to the reestablishment of the business.

As a matter of information, you should be aware that you are not entitled to payment under the reestablishment regulations for any of the following:

- Purchase of capital assets, such as office furniture, filing cabinets, and machinery or trade fixtures.
- Purchase of manufacturing material, production supplies, product inventory or other items used in the normal course of business operation.
- Interior or exterior refurbishment at the replacement site which is purely aesthetic in purpose, except as paid in (e.) above.
- Interest on money borrowed to make the move or purchase the replacement property.
- Payment to a part-time business in the home which does not contribute materially to the household income.

If you are refused a relocation payment by the Iowa DOT, or believe the payment offered is not enough, you may appeal. No legal assistance is required. Your Relocation Advisor will provide you additional information about the appeal procedure if you desire.

Moving and related payments are not considered as income for the purposes of personal income tax laws. Furthermore these payments are not considered income or resources to recipients of public assistance.

It is important that you understand the matters explained above which relate to your eligibility. Your relocation will be handled by _____. If at any time you need assistance, your advisor can be contacted at _____.

By _____
Date
Right of Way Advisor

By _____
Date
Relocation Assistance Supervisor

ACKNOWLEDGEMENT

I was personally contacted by the above Right of Way Advisor representing the Iowa Department of Transportation. The Advisor explained the advisory services and entitlements to me. I was further advised that the Iowa Department of Transportation's Relocation Advisor would be available to assist me if any questions arise or, as assistance is needed. I have been given a copy of this notice.

Date _____, 20____

Displacee

Displacee

Date Negotiations Initiated

When corresponding, refer to:

County: _____

Project: _____

Parcel: _____

**OFFER OF RELOCATIONAL ASSISTANCE
OWNER OCCUPANT
90-DAY NOTIFICATION TO VACATE**

The Iowa Department of Transportation has made an offer to purchase the above designated parcel of land, on which you reside, for highway right of way. The Iowa Department of Transportation assists persons displaced by the purchase of land for transportation purposes through our Relocation Assistance Program. The payments and services to which you may be entitled are outlined in the brochure previously given to you.

You will not be required to move from the property being acquired for at least 90 days from the date of this notice. At some later date you will be given a written notice and a date by which you must vacate the property. You will have at least 30 days after receipt of the written notice before you must move.

As an owner-occupant of the property on the date of this offer you are entitled to:

1. RELOCATION ADVISORY ASSISTANCE

The Iowa DOT will assist you in finding a replacement dwelling.

2. RESIDENTIAL MOVING EXPENSES

You may select payment based on:

A. A Moving Allowance Schedule based on the number of rooms you occupy. Your entitlement under this option is \$_____; **OR**

B. An Actual Cost Move based on at least two written estimates and receipted bills; **OR**

C. A Combination of the Moving Allowance Schedule and the Actual Cost Move

3. REPLACEMENT HOUSING PAYMENT

As the occupant of the property for 90 consecutive days or more immediately preceding the date of this first written offer, you are eligible for the following benefits:

A. PRICE DIFFERENTIAL

This payment is based on a reviewed and approved acquisition price (or, the acquisition price of the residential portion, if applicable) of \$_____.

A maximum of \$_____* is available for the purchase of replacement decent, safe and sanitary dwelling at a cost of \$_____* or more.

If the actual replacement dwelling cost is different from the amount shown or if the acquisition price changes, the price differential may change.

If the actual replacement dwelling cost is more than the amount shown and comparable housing is (still) available for \$_____* the additional cost will be paid by the displacee.

This determination was based on a comparable dwelling located at _____.

That property and properties located at _____ are currently available to you for your consideration as replacement housing.

You do not have to accept any dwelling, which is referred to you. You may choose your own replacement dwelling, but it must be inspected and determined to be decent, safe and sanitary to qualify for a replacement housing payment (RHP).

OR

RENTAL ASSISTANCE

A Homeowner-Occupant who elects to rent replacement housing may be eligible for a rental assistance payment. This amount will not exceed the Price Differential.

B. MORTGAGE INTEREST DIFFERENTIAL PAYMENT

A lump sum payment to offset additional interest costs which you may have to pay as a result of a higher mortgage interest rate may be available to you. Further information is available from your Relocation Advisor.

C. INCIDENTAL EXPENSES PAYMENT

Reimbursement is based on the non-recurring necessary and reasonable costs incurred for the purchase of a comparable replacement dwelling and customarily paid by the buyer.

Costs associated with a mortgage are only reimbursable IF you previously had a mortgage and are limited to the balance of that mortgage.

Costs for a home inspection as well as any other pre-approved inspections are also reimbursable.

To avoid losing part or all of your relocation benefits:

- Make any offer to rent or purchase replacement housing **SUBJECT TO DOT APPROVAL AND INSPECTION.**
- **DO NOT MOVE** from your home without first contacting your Relocation Assistance Advisor.
- You must purchase (or, rent) and occupy replacement housing within one year of the date of vacating your displacement dwelling.

The Relocation Assistance Program is very complex. It is important that you read and understand the matters explained in the relocation information brochure, which relate to your eligibility. If at any time you want assistance, please contact your Relocation Advisor _____ at _____.

By _____
Date _____
Right of Way Advisor

By _____
Date _____
Relocation Assistance Supervisor

ACKNOWLEDGEMENT

I was personally contacted by the above Right of Way Advisor representing the Iowa Department of Transportation. The Advisor explained the advisory services and entitlements to me. I was further advised that the Iowa Department of Transportation's Relocation Advisor would be available to assist me if any questions arise or, as assistance is needed. I have been given a copy of this notice.

Date _____, 20____

Displacee

Displacee

**Displaced persons may appeal relocation assistance if they feel that determination of eligibility of amount of payment is erroneous. The written appeal must be filed within 90 days of the Initial Notice of Eligibility. Further details are in the Relocation Assistance and Advisory Services brochure on page 11.*

Office of Right of Way-Acquisition/Relocation
800 Lincoln Way, Ames, IA 50010

Date Negotiations Initiated

When corresponding, refer to:

County: _____

Project: _____

Parcel: _____

**OFFER OF RELOCATIONAL ASSISTANCE
PERSONAL PROPERTY and/or ADVERTISING SIGN
90-DAY NOTIFICATION TO VACATE**

The Iowa Department of Transportation has made an offer to purchase the above designated parcel of land, which you have personal property and/or an advertising device on, for highway right of way. The Iowa Department of Transportation assists persons displaced by the purchase of land for transportation purposes through our Relocation Assistance Program. The payments and services to which you may be entitled are outlined in the brochure previously given to you.

You will not be required to move your personal property for at least 90 days from the date of this notice. At some later date you will be given a written notice and a date by which you must vacate the property. You will have at least 30 days after receipt of the written notice before you must move.

As a tenant-occupant of the property on the date of this offer you are entitled to:

1. RELOCATION ADVISORY ASSISTANCE

The Iowa DOT will assist you in finding a replacement dwelling.

2. MOVING AND RELATED EXPENSES

You may be entitled to payment for such actual moving and related expenses as the Iowa DOT determines to be reasonable and necessary, including expenses for:

- a. Transportation of personal property. Reimbursement is limited to the cost of moving 50 miles, unless the Iowa DOT determines that relocation beyond 50 miles is justified.

You may move by commercial mover or take full responsibility for all or part of the move. If you elect a "self-move" the Iowa DOT must first obtain at least two acceptable bids or estimates.

As a matter of information, you should also be aware that you are not entitled to payment under the relocation regulation, for:

- b. any legal fee or other costs for preparing a claim for a relocation payment or for representing you before the Iowa DOT; or
- c. the cost of moving any structure or other real property improvement in which you reserved ownership; or
- d. interest on a loan to cover moving expenses; or
- e. loss of business goodwill; or
- f. loss of profits; or
- g. loss of trained employees; or
- h. personal injury; or
- i. costs for storage of personal property on real property owned or leased by the displaced person.

If you are refused a relocation payment by the Iowa DOT, or believe the payment offered is not enough, you may appeal. No legal assistance is required. Your Relocation Advisor will provide you additional information about the appeal procedure if you desire.

Moving and related payments are not considered as income for the purposes of personal income tax laws. Furthermore these payments are not considered income or resources to recipients of public assistance.

It is important that you understand the matters explained above which relate to your eligibility. Your relocation will be handled by _____. If at any time you need assistance, your advisor can be contacted at _____.

By _____

 Right of Way Advisor

By _____

 Relocation Assistance Supervisor

ACKNOWLEDGEMENT

I was personally contacted by the above Right of Way Advisor representing the Iowa Department of Transportation. The Advisor explained the advisory services and entitlements to me. I was further advised that the Iowa Department of Transportation's Relocation Advisor would be available to assist me if any questions arise or, as assistance is needed. I have been given a copy of this notice.

Date _____, 20____

 Displacee

 Displacee

Date Negotiations Initiated
_____**When corresponding, refer to:**

County: _____

Project: _____

Parcel: _____

**OFFER OF RELOCATIONAL ASSISTANCE
TENANT OCCUPANT
90-DAY NOTIFICATION TO VACATE**

The Iowa Department of Transportation has made an offer to purchase the above designated parcel of land, on which you reside, for highway right of way. The Iowa Department of Transportation assists persons displaced by the purchase of land for transportation purposes through our Relocation Assistance Program. The payments and services to which you may be entitled are outlined in the brochure previously given to you.

You will not be required to move from the property being acquired for at least 90 days from the date of this notice. At some later date you will be given a written notice and a date by which you must vacate the property. You will have at least 30 days after receipt of the written notice before you must move.

As a tenant-occupant of the property on the date of this offer you are entitled to:

1. RELOCATION ADVISORY ASSISTANCE

The Iowa DOT will assist you in finding a replacement dwelling.

2. RESIDENTIAL MOVING EXPENSES

You may select payment based on:

- A. A Moving Allowance Schedule based on the number of rooms you occupy. Your entitlement under this option is \$_____; **OR**
- B. An Actual Cost Move based on at least two written estimates and receipted bills; **OR**
- C. A Combination of the Moving Allowance Schedule and the Actual Cost Move

3. REPLACEMENT HOUSING PAYMENT

As the occupant of the property for 90 consecutive days or more immediately preceding the date of this first written offer, you are eligible for the following benefits:

A. RENTAL ASSISTANCE

This payment is based on the difference between the monthly rent and utilities of a comparable dwelling and the monthly rent and (average) utilities at your current dwelling, multiplied by 42 (months).

The Iowa DOT has determined that the monthly amount required to rent a comparable dwelling is \$_____, including utilities.

This amount was determined after a thorough review of available comparable properties with the most consideration given to the dwelling located at _____.

That property and properties located at _____ are currently available to you for your consideration as replacement housing.

Based on these comparables, your rental assistance payment is \$_____*.
Disbursement of these funds will be discussed with you.

You do not have to accept any dwelling, which is referred to you. You may choose your own replacement, but it must be decent, safe and sanitary to qualify for a replacement housing payment (RHP).

OR

B. DOWN PAYMENT ASSISTANCE

As a 90-day tenant, you may utilize down payment assistance in the amount of \$_____* as a DOWN PAYMENT on a decent, safe and sanitary dwelling, upon qualifying for a loan.

The full amount of the payment will be available at the time of the Real Estate Closing after the dwelling has been determined to be decent, safe and sanitary.

If you opt to use these funds to purchase a dwelling, you must do so within one year of the date of vacating the displacement dwelling. If you have received any amount as a rental assistance payment, then that amount will be deducted from all eligible down payment calculations.

C. INCIDENTAL EXPENSES PAYMENT

Costs for a home inspection as well as any other pre-approved inspections are also reimbursable.

To avoid losing part or all of your relocation benefits:

- Make any offer to rent or purchase replacement housing **SUBJECT TO DOT APPROVAL AND INSPECTION.**
- **DO NOT MOVE** from your home without first contacting your Relocation Assistance Advisor.
- You must purchase (or, rent) and occupy replacement housing within one year of the date of vacating your displacement dwelling.

The Relocation Assistance Program is very complex. It is important that you read and understand the matters explained in the relocation information brochure, which relate to your eligibility. If at any time you want assistance, please contact your Relocation Advisor _____ at _____.

By _____
Date _____
Right of Way Advisor

By _____
Date _____
Relocation Assistance Supervisor

ACKNOWLEDGEMENT

I was personally contacted by the above Right of Way Advisor representing the Iowa Department of Transportation. The Advisor explained the advisory services and entitlements to me. I was further advised that the Iowa Department of Transportation's Relocation Advisor would be available to assist me if any questions arise or, as assistance is needed. I have been given a copy of this notice.

Date _____, 20____

Displacee

Displacee

**Displaced persons may appeal relocation assistance if they feel that determination of eligibility of amount of payment is erroneous. The written appeal must be filed within 90 days of the Initial Notice of Eligibility. Further details are in the Relocation Assistance and Advisory Services brochure on page 11.*



OFFICE OF RIGHT OF WAY - RELOCATION

RECEIPT FOR BROCHURE

County _____

Project _____

Parcel _____

I certify that I am the _ located at ___ and that I have personally received a copy of the Highway Division - Iowa Department of Transportation brochure which explains relocation assistance and advisory services as included in the Uniform Relocation Assistance and Real Property Acquisition Act of 1970 as amended by the Uniform Relocation Amendments of 1987 and Chapters 6B and 316, Code of Iowa.

This is also to certify that I am a legal resident of the United States of America.

I understand that if I am not a legal resident or if I move before negotiations are started for my property rights or move before I receive a written offer of my relocation benefits, I may lose eligibility of my relocation benefits.

Signed _____

Signed _____

Date _____

Date _____

Presentation of Brochure by: _____

Relocation Assistance Advisor



OFFICE OF RIGHT OF WAY - RELOCATION

**RENTAL ASSISTANCE PAYMENT
SUMMARY AND CERTIFICATION**

Rent Supplement Determination

County _____

Project No. _____

Parcel No. _____

Name: _____

Tel No.: _____

Street Address: _____

City, State Zip: _____

Block A - Available Comparable Housing - For Rent:

No.	Date	Address or Location	Rent	Est. Util.	Total
1			\$	\$	\$
2			\$	\$	\$
3			\$	\$	\$
4			\$	\$	\$

INFORMATION FOR COMPLETION OF BLOCK B

In Block B - The previous "rent being paid" shall include any rent supplements supplied by others except, when by law; such supplement is discontinued upon vacation of the property.

Block B - Rental Supplement Payment:

<p>1. The Most Nearly Comparable Housing (Block No. __) Rental \$_____/month including utilities x 42 Months = \$_____ Less:</p> <p>2. Previous Rent Paid (a) if applicable or (b) or (c)</p> <p>a. Economic Rent of Occupied Rental including utilities \$____ Per Month x 42 Months = \$_____</p> <p>b. Average Monthly Rent Paid During the Last 3 Months including utilities \$____ Per Month x 42 Months = \$_____</p> <p>c. Low Income Household Limit for ____ County \$____ Thirty Percent (30%) of Average (Household) Gross Monthly Income \$____ Per Month x 42 Months = \$_____</p> <p>3. Total Rent Supplement Payment based on lower of 2.(a) (b) or (c)</p>	<p>\$_____</p>
--	----------------

Based on above calculations the estimated amount for supplemental replacement housing due the occupant, or occupants, of this dwelling as provided by the Iowa General Assembly is:\$_____

It is my understanding that this determination may be used in connection with a Federal Aid Highway Project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payment is not contingent upon any value conclusions as herein set forth and that all statements herein are true to the best of my knowledge and belief.

Signed _____

Relocation Assistance Advisor Date

Room Count PP Offer



OFFICE OF RIGHT OF WAY - RELOCATION

POSSESSION AGREEMENT

County _____
Project No. _____
Parcel No. _____

This agreement is made and entered into by and between Iowa Department of Transportation, hereinafter called "Agency", and _____, hereinafter called "Relocatees" or "Sellers".

Relocatees herein request temporary waiver of:

- 1) One of the specific eligibility requirements for a replacement housing payment - the requirement that they actually occupy a decent, safe, and sanitary replacement dwelling prior to receipt of their replacement housing payment.
- 2) One of the specific requirements of Right of Way Agreement dated _____ - the requirement that they agree to surrender physical possession of the premises prior to receipt of their possession agreement.

Therefore, it is agreed as follows:

- 1) Agency will pay Relocatees' replacement housing payment in the amount of \$_____ to _____ in advance of their actual occupancy of the replacement dwelling, with the specific understanding and agreement that this advance payment is necessary to enable the Relocatees to relocate and occupy the decent, safe, and sanitary dwelling located at _____ as their permanent and legal place of abode no later than _____.
- 2) Agency will release Sellers' possession warrant in the amount of \$_____ to _____ in advance of their actual surrender physical possession of the premises located at _____. It is the specific understanding and agreement that this advance payment is necessary to enable the Sellers to close on their replacement dwelling on _____.
- 3) Relocatees unconditionally promise and agree that in the event they fail to occupy the above-designated replacement dwelling as their permanent and legal place of abode by _____, they will return the full amount of the replacement housing payment to the Agency immediately (within 48 hours).
- 4) Sellers unconditionally promise and agree that in the event they fail to surrender physical possession of the above-designated premises by _____, they will pay rent at the rate of \$_____ per day, thereafter.
- 5) Sellers further agree to notify the Agency and arrange to surrender physical possession of the premises prior to vacating per the terms of the Right of Way Agreement. Contact _____ at (515) 239-_____.
- 6) Sellers agree to leave the premises in a condition substantially the same as acquired by the Agency subject to applicable salvage or retention rights. Sellers agree to remove all unwanted personal property including all trash and junk.
- 7) It is mutually agreed that, in the event Relocatees pay less than \$_____ for their replacement dwelling, the full amount of the replacement housing payment shall be returned to the Agency by Relocatees.

Signature Date

Signature Date

Signature Date



OFFICE OF RIGHT OF WAY - RELOCATION

RELOCATION HOUSING PAYMENT POSSESSION AGREEMENT

County _____
Project No. _____
Parcel No. _____

This agreement made and entered into by and between Iowa Department of Transportation, hereinafter called "Agency", and _____, hereinafter called "Relocatee(s)",

Relocatee(s) herein request(s) temporary waiver of one of the specific eligibility requirements for a replacement housing payment -- the requirement that they **actually occupies** a decent, safe and sanitary replacement dwelling prior to receipt of their replacement housing payment.

Therefore, it is agreed as follows:

1. Agency will pay Relocatees' replacement housing payment in the amount of \$_____, to _____ in advance of their actual occupancy of the replacement dwelling, with the specific understanding and agreement that this advance payment is necessary to enable the Relocatee(s) to relocate and occupy the decent, safe and sanitary dwelling located at _____ as their permanent and legal place of abode no later than _____, following receipt of this advance replacement housing payment.
2. Relocatee(s) unconditionally promise(s) and agree(s) that, in the event they fail(s) to occupy the above-described replacement dwelling as their permanent and legal place of abode by _____ (following receipt of this advance replacement housing payment), they will return the full amount of the previously designated payment to the Agency immediately (within 48 hours).
3. It is mutually agreed that, in the event Relocatee(s) pay(s) less than \$_____ for their replacement property, Relocatee(s) shall return the full amount of the payment to the Agency.

Claimant's Signature

Date

Claimant's Signature

Date

, Relocation Assistance Advisor

Date



OFFICE OF RIGHT OF WAY - RELOCATION

**REPLACEMENT HOUSING PAYMENT
SUMMARY AND CERTIFICATION**

**SUPPLEMENT DETERMINATION FOR
OWNER OCCUPANT OF MORE THAN 180 DAYS**

County _____
Project No. _____
Parcel No. _____

Name: _____
Street Address: _____
City, State Zip: _____
Tel No.: _____

Block A -- Available Comparable Housing For Sale:			
Listing No.	Date	Address or Location	Listing Price
		1.	\$
		2.	\$
		3.	\$
		4.	\$

Block B -- Owner-Occupant Replacement Housing Payment:	
The Most Nearly Comparable Housing (Block A) ---- Listing Number _____	
Cost of Comparable Housing	\$ _____
Less Acquisition Cost of Housing	- _____
Indicated Housing Payment	\$ _____

Block C -- Available Comparable Housing For Rent:					
Listing No.	Date	Address or Location	Rent	Est. Util.	TOTAL
		1.	\$	\$	\$
		2.	\$	\$	\$
		3.	\$	\$	\$
		4.	\$	\$	\$

Block D -- Rent Supplemental Housing Payment:	
1. Most Nearly Comparable Housing Rental (Block C): Listing Number _____ \$_____ Per Month x 42 Months = \$_____	
Less:	
2. Economic Rent of Owner-Occupant Acquired Residence including Utilities Per Month x 42 Months = \$_____	\$_____
3. Indicated Comparable Housing Rental Payment	\$_____
4. Supplemental Payment For Owner-Occupant To Rent (This shall not exceed the amount of Indicated Comparable Housing Payment (Block B))	\$

Reasons for Selecting Comparable Used For Computation: _____

Additional Comments: _____

Based on above calculations the estimated amount for supplemental replacement housing due the occupant or occupants, of this dwelling as provided by Chapter 316 Iowa Code, is: \$_____

It is my understanding that this determination may be used in connection with a Federal Aid highway project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payment is not contingent upon any value conclusion as herein set forth and that all statements herein are true to the best of my knowledge and belief.

Signed _____
, Relocation Assistance Advisor Date

Room Count Pers. Prop. Move



OFFICE OF RIGHT OF WAY - RELOCATION

RESIDENTIAL ESTIMATED COST OF NEW HOUSING

County _____
 Project No. _____
 Parcel No. _____

Estimated Lot Costs:	\$
Remarks:	

Estimated Cost of New Construction

Dwelling:	Total sq. ft.		x cost/sq. ft.	\$	\$
Garage: One car - Two car					\$
Concrete Work:	Total sq. ft.		x cost/sq. ft.	\$	\$
Other (Explain in remarks)					\$
Subtotal					\$
Remarks:					

Estimated Cost of Water Supply

Well including well system	
Other (Explain in remarks)	
Subtotal	\$
Remarks:	

Estimated Cost of Landscaping

Ground cover: (sodding and seeding)	\$
Plantings: (trees and shrubs)	\$
Other (Explain in remarks)	\$
Subtotal	\$
Remarks:	

Total estimated cost of new replacement housing _____ \$
Less estimated value of the residential portion of the taking _____
TOTAL DIFFERENCE _____ \$

It is my understanding that this determination may be used in connection with a Federal Aid highway project.

I hereby certify that I have no direct or indirect present or contemplated personal interest in this transaction; that I will not derive any benefit from the supplemental payment provided; that compensation for this determination of supplemental payments is not contingent upon any value conclusions as herein set forth and that the statements herein are true to the best of my knowledge and belief.

Signed _____, Relocation Assistance Advisor _____ Date _____

**IOWA DEPARTMENT OF TRANSPORTATION
HIGHWAY DIVISION
LAST RESORT HOUSING PLAN
(NAME) COUNTY
(PROJECT NUMBER)
PARCEL (###)**

The needs of (Property Owner's Name) have been assessed and indicate the need to implement the provisions of 49 CFR Part 24.404 Subpart G, Replacement Housing of Last Resort.

Circumstances of Displacee:

(List all occupants by name, age and relationship if appropriate) are the (owner/tenant)-occupants of this (style) house (in/near) (location). This house was built in (year), and has approximately (###) square feet of habitable space. There are (#) bedrooms and (##) baths. This house has been occupied by the (Name's) since (year).

(Adult Occupants Place of Employment). They have a monthly income of approximately \$_____. (or) They did not disclose their monthly income. (Children) (is/are) a student at (Name and Location of School).

They plan to (purchase/build/rent) replacement housing in (town).

Replacement Housing Plan:

A relocation study was completed in (Month, Year), and indicated a maximum replacement housing payment of \$_____, based on buying/building replacement housing in (Town).

Replacement housing has been provided by making adequate funds available for the (Displacee's). Last Resort Housing provisions have been explained to him/her/them and he/she/they will comply with the payment requirements and procedures.

49 CFR Part 24, Subpart G, Plan Requirements:

1. The method proposed in this plan can be legally accomplished in accordance with the laws of the State of Iowa.
2. Housing is already in place/will be constructed at (New Address) in (Town) and will be occupied by the displacees by (Date).
3. A replacement housing study was completed and it was determined that \$_____ was needed to purchase replacement housing.
4. No environmental impact problems are involved.
5. The replacement housing payment will be provided by diverting project funds.
6. Monitoring was provided by personnel from the Relocation Assistance Section.
7. Last Resort Housing Funds may be paid to a third party.

We conclude that this is an equitable solution.

Prepared by:

(Advisor's Name)
Relocation Assistance Advisor

Concurred by:

Relocation Assistance Supervisor

(Date)

Return to and Prepared by Valerie Goethals, Right of Way Office, Iowa DOT, 800 Lincoln Way, Ames, IA 50010, 515-239-1361.



Office of Right of Way, 800 Lincoln Way, Ames, Iowa 50010

Phone: 515-239-1135
Toll-Free Phone: 866-282-5809
Fax: 515-239-1247
www.iowadot.gov

RESIDENTIAL TENANT PURCHASE AGREEMENT

Parcel Number _____ **County** _____
Project Number _____ **Route Number** _____
Seller: _____

THIS AGREEMENT, made and entered into this _____ day of _____, _____, by and between SELLER and the Iowa Department of Transportation (BUYER), acting for the State of Iowa.

- 1) For mutual benefit, the BUYER agrees to purchase and SELLER agrees to convey to the BUYER their leasehold interest in the property, hereinafter referred to as the premises, situated at _____, in _____ County, Iowa, including the following buildings: _____ and all land, trees, shrubs, landscaping, and surfacing attached to the premises sought and described herein. The premises also include all estates, rights, title, interests and any leasehold, including all easements.
- 2) The SELLER is the tenant on the property of _____.
- 3) The SELLER may surrender possession of the premises, building, or improvement, or any part thereof, prior to the time that he/she has herein agreed, and agrees to give the BUYER 10 days notice of the SELLER'S intention to surrender possession by calling the BUYER at 1-866-282-5809.
- 4) The SELLER agrees to surrender physical possession of the premises on or before _____.
- 5) It is understood and agreed that the Seller does not jeopardize any rights to relocation assistance benefits available under Iowa Code section 316 by signing this agreement.
- 6) The Seller discharges the Buyer from any and all liability as a result of this agreement and construction of the public improvement project.

Seller

Dated _____

X _____
Seller's Signature
Street Address
City, State, Zip Code

X _____
Seller's Signature

Department of Transportation

_____, Acquisition Supervisor Date



OFFICE OF RIGHT OF WAY - RELOCATION

SUBJECT INSPECTION SHEET
Owner

County _____ Project No. _____ Parcel _____
 Name: _____ Tel No.: _____
 Street Address: _____ Email Address _____
 City, State Zip: _____

FULL NAME	AGE	RELATIONSHIP	PLACE OF EMPLOYMENT/SCHOOLS	MONTHLY INCOME
		Head of House		\$
				\$
				\$
				\$
				\$

Number of Persons: _____ Total Gross Monthly Family Income: \$ _____
 Date of Occupancy: _____ White Minority

ROOM DIMENSIONS/FEATURES	FINANCIAL INFORMATION
	Owner-Occupant
LIVING ROOM _____	Mortgage: <u>No</u>
DINING ROOM _____	Lender: _____
KITCHEN _____	Tel. No.: _____
BEDROOM(S) _____	Original Balance: \$ _____
_____	Current Balance: \$ _____
_____	Remaining Term: _____ months
_____	Payment: \$ _____
OTHER _____	Interest Rate _____%
_____	Loan Number: _____
LAUNDRY _____	Tenant Occupant
	Monthly Rent: \$ _____
	Est. Monthly Utilities: + _____
	Base Monthly Rental= \$ _____

Type of Neighborhood: Residential Location: Urban
 Use: Single Family Distance to: Work _____ Shopping _____
 Type of House: _____ Construction: Frame Age: _____
 Gross Area: _____ S.F. Habitable Area: _____ S.F. Rooms _____ Bedrooms _____ Baths _____
 Type of Heating System: Forced Air AC: _____
 Built-ins: _____ Basement: _____ Finished _____%
 Misc. Interior Features: _____
 Exterior Features: _____ Roof: Asphalt
 Misc. Exterior Features: _____ Garage: _____ Car _____
 Lot Size: _____ Plans: Purchase Replacement
 Special Needs (if any): _____
 Comments: _____

By: _____ Date _____
 , Relocation Assistance Advisor