



# Iowa Department of Transportation

OFFICE OF RIGHT OF WAY – RELOCATION

## SUBJECT INSPECTION SHEET

Owner

County \_\_\_\_\_ Project No. \_\_\_\_\_ Parcel \_\_\_\_\_  
 Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_  
 Street 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
	<b>Owner-Occupant</b>
	Mortgage: <u>No</u>
	Lender: _____
	Tel. No.: _____
	Original Balance: \$ _____
	Current Balance: \$ _____
	Remaining Term: _____ months
	Payment: \$ _____
	Interest Rate _____%
	Loan Number: _____
	<b>Tenant Occupant</b>
	Monthly Rent: \$ _____
	Est. Monthly Utilities: + _____
	Base Monthly Rental= \$ _____

LIVING ROOM \_\_\_\_\_

DINING ROOM \_\_\_\_\_

KITCHEN \_\_\_\_\_

BEDROOM(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER \_\_\_\_\_

\_\_\_\_\_

LAUNDRY Main Floor

**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

**Comparable**

\_\_\_\_\_ Date