



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

ADMINISTRATIVE SETTLEMENT DETERMINATION

Parcel Number: _____ County: Choose an item. _____
Project Number: _____ Negotiator: _____
Name: _____

Offer to Purchase _____ Proposed Settlement _____ Variance \$0.00
% #DIV/0!

APPRAISALS:

Table with 7 columns: Appraiser, Date, Before, After, Acquisition, Add'l by Negotiator (Fence, etc), Office to Purchase. Rows 1 and 2.

REASONS FOR SETTLEMENT: (check those applicable)

- The variance is based upon detailed estimates from outside sources (cc's attached).
The variance is substantial. Settlement is justified as follows:
1. The settlement is within the approved range as shown in the Acquisition Manual.
2. Items of damage not considered in approved appraisal.
3. Appraisal adjusted for time in accord with instruction from reviewer.
4. Recent experience in eminent domain actions.
5. All available appraisals (including landowner's.)
6. Difference of opinion as to highest and best use.
7. Extremely complex valuation problem.
8. Estimate of condemnation cost considered in conjunction with above items.
9. Other

DETAILED EXPLANATION OF ALL ITEMS CHECKED:

Submitted By:

Approved By:

Acquisition Agent _____ Date _____

Acquisition Supervisor _____ Date _____

Project Agent _____ Date _____

Right of Way Director _____ Date _____

Staff Action Required [] yes [] no



CERTIFICATION OF NEGOTIATOR AND PARCEL CHECK SHEET

COUNTY _____ PROJECT _____ PARCEL NO. _____

OWNER _____ ADDRESS _____

I certify the following information to be correct.

- 1. The written agreement secured embodies all of the considerations agreed upon between the property owner and myself.
2. The agreement was reached without coercion, promises other than those shown in the agreement, or threats or any kind whatsoever by or to either of us.
3. I have no direct or indirect present or contemplated future personal interest in this parcel or in any benefit from the acquisition of this property.
4. I am aware this parcel may be used in connection with a highway project that is Federally funded.
5. Good Faith Negotiations: The Right of Way Agent has made an effort to negotiate in good faith with the Seller(s) to acquire the property. These efforts include: 1) provided the Seller(s) with a copy of the appraisal of the property sought, 2) discussed the basis of determining value, 3) reviewed the project design plans, 4) discussed the contents of the acquisition contract, 5) addressed owner's questions and concerns, 6) provided the owner(s) with a written offer of the fair market value.

FILE CONTAINS:

(Key) yes, no, na

- Information for Condemnation Form (Attach copies of proposed Owner & Tenant contracts)**
Administrative Settlement Form*
Deed or Easement (if applicable)
Owner Contracts w/Breakdown Sheet
Tenant Contracts w/Breakdown Sheet
10-day Waiver (if applicable)
W-9 Request for Taxpayer Identification Number and Certification*
Letters
Written Offer (Owner's) and Revised Offers if necessary
Written Offer (Tenant's) and Revised Offers if necessary
Relocation Offers
Agent's Notes, including miscellaneous Owner's Plans, Appraisals, Drawings, Pictures, Faxes, Emails, etc...
Approved Request for Design Revision
Plot Plan (Current)
Land Surveyor's Plat(s) & Descriptions (Current)
Appraisal or Appraisal Waiver
Report of Liens or current Recertification (not more than 1 year old)
Excess Land
Salvage Clause for Buildings (Building to be removed by Owner)
Abstract *signed files only ** condemnation files

Number of Tenants _____
Number of Tenants Signed _____
Project Scheduling Information Updated _____

Certified by _____
Right of Way Agent (Date)

Approved by _____
Project Agent (Date)



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

CONDEMNATION HEARING REPORT

County _____ Project No. _____
 Parcel No. _____ Group _____
 Condemnation Hearing Date _____

- 1. Fee Owner _____
- 2. Contract Purchaser _____
- 3. Lessees _____
- 4. Tenant _____
- 5. DOT Representative _____
- 6. Owner's Counsel _____
- 6A. Lessee/Tenant Counsel _____
- 7. Offer made by Contract _____
- 8. Offer made by Condemnation * _____

*Reason for difference in contract offer _____

9. Condemnation Award:

	<u>Owner</u>	<u>Lessee</u>	<u>Tenant</u>
a. Dwelling	_____	_____	_____
b. Land & Improvements	_____	_____	_____
c. Damages	_____	_____	_____
d. Moving Costs	_____	_____	_____
e. Total Condemnation Award	_____	_____	_____
Attorney Fees	_____	_____	_____

10. Owner's Asking _____
 Lessee's Asking _____
 Tenant's Asking _____

11. APPRAISALS MADE BY STATE

<u>Name</u>	<u>Staff or fee</u>	<u>Before</u>	<u>After</u>	<u>Compensation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	Review	_____	_____	_____

12. WITNESSES FOR OWNER

<u>Name</u>	<u>Occupation</u>	<u>Before</u>	<u>After</u>	<u>Compensation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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

Ph. 515-239-1135
Toll-free Phone: 866-282-5809
Fax: 515-239-1247
E-mail:
Web site: iowadot.gov

DAMAGE CLAIM

Parcel Number: _____ County: _____
Project Number: _____ Route Number: _____

This damage claim, signed the _____ day of _____, 20_____, by _____ (Claimant), is accepted for direct payment and/or future reimbursement by the Iowa Department of Transportation (Department), acting for the State of Iowa.

The request for payment is in accordance with item number _____ of the *Acquisition Agreement* dated _____, 20_____, a copy of which is attached.

This claim is for damages to the Claimant's property situated at the following address, and/or, in parts of the following real estate, identified as follows:
_____, in _____ County, Iowa.

The damage being claimed is described as _____.

The amount of this claim is \$_____.

The following evidence supports this claim:

- () estimates to be paid in compliance with the terms of the original purchase agreement upon receipt of itemized bills/statements from the Claimant; or
- () damages reviewed, authorized and approved by the Department

Claimant's certification

I am the Claimant identified above, and I certify that the previously described damage claimed is reasonable, proper and correct, and I have received no part of this claim. I further certify that this claim is settlement in full for all damages of any kind arising from or relating to the damage being claimed (see above).

Claimant

Dated _____

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

X _____
Seller's Signature

Department of Transportation

, Acquisition Supervisor Date

13. FACTORS AFFECTING CONDEMNATION AWARD (Mark those applicable)

- a. Omission of compensable items
- b. Jury increase in fence price
- c. Jury increase in land price
- d. Jury increase in damages to remainder
- e. Divergency of State's appraisals
- f. Persuasiveness of owners and witnesses
- g. Extremely complex taking
- h. Inadequacy of data supporting remainder damages
- i. More recent sales than used in State's appraisals
- j. Other factors _____

COMMENTS ON FACTORS CHECKED AND/OR COMMENTS ABOUT WHAT TRANSPIRED AT THE HEARING

The commissioner's were sworn in at the choose an item. County Sheriff's Office on c lick here to enter a date. at 9:30 a.m.; we then proceeded to the viewing. from the choose an item. Resident Construction Office accompanied me. We then returned to the Sheriff's Office where the written material's and the State's position were presented.

- Accept Condemnation Award
- Reject Award and Appeal to District Court

Condemnation Agent

Right of Way Director

Concurrence by Legal Department

Special Assistant, Attorney General



Office of Right of Way, Acquisition Section

Form 634060wd

INFORMATION FOR CONDEMNATION PROCEEDINGS

County: _____ Project Number: _____ Parcel Number: _____

Record Owner(s)	Address (include winter address, if applicable)	Type of Ownership (include dower)	Contacted (Yes or No)		Signed (Yes or No)	
			Yes	No	Yes	No
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tenant(s)	Address	Contacted (Yes or No)		Signed (Yes or No)	
		Yes	No	Yes	No
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possessory interests claimed by : _____ Address _____ Type of interest _____

1. _____

2. _____

Is a residence being acquired? Yes No If "Yes", is the residence: Owner-occupied Tenant-occupied

Name(s) of occupant(s) of land _____ Name(s) of occupant(s) of residence _____

Use of Property: Business Residential Commercial Agricultural Other (explain) _____

Different from appraisal? Yes No Includes: Right-of-Way Fence Borrow
 Damages Access Control
 Temporary Easement

Last Offer: \$ _____ Why? _____

Asking Amount \$ _____ Based on: Owner's Appraisal Other (explain) _____

Reason for Condemnation: Title Design Access Monetary Other (explain) _____

Other known information, not shown in title documents or file: _____

Attorney or Agent-of-Record (specify, if Agent-of-Record) _____

Name _____ Street, City, State, Zip Code _____ Phone _____

Instructions to Acquisition Secretary	
<input type="checkbox"/> Hold condemnation letter and contract until _____ <input type="checkbox"/> Mail condemnation letter and contract to: <input type="checkbox"/> Owner <input type="checkbox"/> Owner with copy to Attorney <input type="checkbox"/> Attorney only <input type="checkbox"/> Attorney with copy to Owner	
Recommended by	Approved by
_____, Acquisition Agent _____ Date _____	_____, Acquisition Supervisor _____ Date _____
_____, Project Agent _____ Date _____	
Received by Condemnation Section _____, Condemnation Coordinator _____ Date _____	



Inter-Office Breakdown

Project No. _____ Parcel No. _____

The "breakdown" of the attached Agreement is as follows:

1. Land to be acquired by Fee Title:			
	<i>To the State of Iowa</i>	_____	_____ acres _____
	<i>To the City of:</i>	_____	_____ acres _____
	<i>To the County of:</i>	_____	_____ acres _____
2. Land to be acquired by Permanent Easement:			
	<i>To the State of Iowa</i>	_____	_____ acres _____
	<i>To the City of:</i>	_____	_____ acres _____
	<i>To the County of:</i>	_____	_____ acres _____
3. Total reduction in value resulting from: temporary easement for borrow and/or haul road.			_____ acres _____
4. Total reduction in value resulting from a temporary easement for detour.			_____ acres _____
5. Building(s) to be acquired:			_____
6. Other improvements to be acquired including right of way fence:			_____
7. Control of Access			_____
8. Severance damage to remaining property			_____
9. Administrative Damage			_____
10. Tenant Release			_____
	Total		_____ <u>\$0.00</u>



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

Phone: 515-239-1135
Fax: 515-239-1247
www.iowadot.gov

LANDOWNER'S CONSENT TO PROPERTY EXAMINATION

For the consideration in the amount of \$ _____ I, _____, hereby authorize the Iowa Department of Transportation (DOT) and its consultants the right to enter upon the property located in _____ in order to examine the property, buildings and improvements located on the property; make a pre-acquisition civil, archaeological, biological, cultural, environmental and historical site assessment; and to assist the Iowa DOT to determine the practicability of locating or constructing a highway.

This examination will be coordinated to cause minimum inconvenience and will proceed promptly to completion. The Landowner hereby authorizes the following subsurface examination and the Iowa DOT will inform the Landowner of the findings of the following subsurface examination: _____

Part of the lump sum payment is settlement in full for all loss or damage to the _____ growing crop and/or pasture.

If the property is damaged as a result of this examination, the Iowa DOT will restore the property to a safe operating condition.

The Iowa DOT will keep the Landowner informed of progress and will notify the Landowner when this examination has been completed.

The Iowa DOT assumes no responsibility for the Landowner to report the findings of any subsurface examination to any environmental or other authority. The Iowa DOT shall not incur any liability to remedy any contamination noted by the Iowa DOT as a result of this subsurface examination.

It is understood and agreed that all artifacts and other cultural materials collected from this site will become property of the State of Iowa, so the artifacts can be placed in an institution or other establishment with appropriate curatorial facilities within the State of Iowa in accordance with the Department of Interior's National Park standards, procedures, and guidelines, and guidelines for curation of archaeological materials: 36 CFR, Part 79 and the Iowa DOT's agreement with the Iowa State Historical Society.

Questions or concerns about the work may be directed to the area District Engineer.

Landowner/Tenant

Dated _____

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

X _____
Seller's Signature

Department of Transportation

Date

LLC GUIDELINES FOR ACQUISITION AGENTS

1. Look up the LLC on the Secretary of State online database to:

Make sure the LLC is listed and it has "Active" status
Print Articles of Organization (if available)
Print Statement of Authority (if available)



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

Ph. 515-239-1135
Toll-free phone: 866-282-5809
Fax: 515-239-1247
Web site: iowadot.gov

OFFER TO DONATE

Project Number: _____

Parcel Number: _____

Agreement to donate right of way real estate

As owners of real estate needed for the above referenced project and parcel, and acknowledging the fact that we are entitled to just compensation based upon the state's approved appraisal of the subject real estate, nevertheless, desire to donate the right of way. We will execute the necessary conveyance instruments to transfer the right of way. This donation to the Iowa Department of Transportation is made without any coercive action of any nature.

Signature(s) of Owner(s)

Date

Agreement to waive the right to an appraisal of the property

As owners of real estate needed for the above referenced project and parcel we are entitled to just compensation, nevertheless, desire to donate the right of way and waive the right to an appraisal. We will execute the necessary conveyance instruments to transfer said right of way. This donation to the Iowa Department of Transportation is made without any coercive action of any nature.

Signature(s) of Owner(s)

Date

This section for internal use only and to be completed by the right of way acquisition agent.

On _____, I offered _____,

who is the _____ of the property, an opportunity to donate the proposed right of way by:

personal contact telephone letter

The offer was: accepted declined

Acquisition Agent



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

Phone: 515-239-1135

Fax: 515-239-1247

E-mail: @dot.iowa.gov
www.iowadot.gov

DATE _____

COUNTY _____

PROJECT _____

PARCEL _____

OFFER TO PURCHASE and NOTICE OF EARLIEST MOVE DATE

OWNER _____

ADDRESS _____

Pursuant to federal and state regulations, the Iowa Department of Transportation (Iowa DOT) presents to you the pamphlet *Highways and Your Land* and submits an offer of \$ _____, which represents the approved appraisal of the right of way needed from your property.

You will not be required to move from your dwelling or move your business, farm, non-profit organization or personal property sooner than 90 days from the date of this notice. If you must move from your dwelling, this notice is based on a potential replacement property being currently available to you. If no property is shown on the accompanying *Offer of Relocation Assistance*, you will not have to move any sooner than _____, which is at least 90 days after information on a currently available property is provided to you.

If you must move, or move your personal property from your property, you will receive a written notice at least 30 days prior to the specific date by when you must move. The 30-day written notice will not be issued until you have received payment from the State of Iowa, as agreed, or until the money has been deposited by the State of Iowa, as prescribed by law.

You and the Iowa DOT may agree to a date by when you will move that varies from the possible dates discussed in the previous paragraphs. If such an agreement is reached, it will be specified in the *Purchase Agreement* that you sign with the Iowa DOT, and your agreement will constitute a waiver of the provisions of this notice.

Fence:

By _____

, Acquisition Agent



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

Ph.: 515-239-1135

FAX: 515-239-1247

E-mail: @dot.iowa.gov
www.iowadot.gov

DATE _____

COUNTY _____

PROJECT _____

PARCEL _____

OFFER TO PURCHASE – Appraisal Waiver

Owner _____

Address _____

Pursuant to federal and state regulations, the Iowa Department of Transportation presents to you the pamphlet Highways and Your Land and submits an offer of \$ _____, which represents just compensation of the right of way needed from your property.

You will not be required to move from your dwelling or to move your business, farm, non-profit organization to personal property any sooner than _____, which is at least 90 days from the date of this notice.

Fence:

By _____, Acquisition Agent



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

Phone: 515-239-1754
Fax: 515-239-1247
E-mail: @dot.iowa.gov

RECEIPT FOR ABSTRACT OF TITLE

DATE: _____ **COUNTY:** _____
PROJECT NUMBER: _____
PARCEL NUMBER: _____

Received from _____ an abstract of title for the following described property:

Location of abstract
Title and Closing Section
Iowa Department of Transportation
800 Lincoln Way
Ames, IA 50010-6993
Phone: 515-239-1754

, Office of Right-of-Way Agent

533408w



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

RECORD OF CONTACT

County: _____ Project: _____ Contact Number: _____
Parcel: _____
Name: _____ Phone Number: _____
Address: _____ Email: _____

Residential Business Farm Non-Profit
Owner Tenant Personal Contact Phone Contact

Person(s) Present: _____

Date Appraisal mailed: _____ Offer: \$ _____ Asked: \$ _____

Discussion (and Agent recommendations) Start Time: _____ End Time: _____

I met the owner and presented the yellow folder which contained *Highways and Your Land* booklet, the offer to purchase with 90-day notice and the purchase agreement. We reviewed the highway construction plans.

Signed: _____

Date: _____



I Order No. _____
N Date _____
D County _____
E Project No. _____
X Parcel or Tract No. _____

1. This Report Is Prepared For A Tract(s) Of Land Located In _____ County, Iowa, More Particularly Described As Follows:

see attached

2. Title To The Above Described Tract(s) Is In _____

(REPORT AND ATTACH outstanding Purchase Contracts, Articles of Incorporation, etc.)

3. Title Was Acquired By _____ Dated _____ Filed Bk. _____ Pg. _____
_____ Dated _____ Filed Bk. _____ Pg. _____

4. The Following Additional Title Instruments And Proceedings Affect Title:
(Include all transfers of title occurring within the past five years)

Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____
Instrument _____ Dated _____ Filed Bk. _____ Pg. _____

5. The Tract(s) Is Zoned (None _____) _____ Bk. _____ Pg. _____

6. Restrictive Covenants Apply (None _____) _____ Bk. _____ Pg. _____

7. Subject To Land Use Agreements (None _____) _____ Bk. _____ Pg. _____
_____ Bk. _____ Pg. _____ Bk. _____ Pg. _____

8. Attach description of land included in agricultural area as provided in Iowa Code Section 93A.8. (None _____)

9. Mineral Reservations (None _____) _____ Bk. _____ Pg. _____

10. Title To This Tract(s) Is Also Subject To:

A. Mortgages (None _____) _____ Dated _____ Bk. _____ Pg. _____
B. Judgements (None _____) _____ Dated _____ Bk. _____ Pg. _____
C. Financing Statements (None _____) _____ Dated _____ Bk. _____ Pg. _____
D. Taxes and Assessments (None _____) _____ Dated _____ Bk. _____ Pg. _____
E. All Other Liens (None _____) _____ Dated _____ Bk. _____ Pg. _____
_____ Dated _____ Bk. _____ Pg. _____

Attach Copies Of All Instruments Listed In Items 3 Through 10 Inclusive

11. Certification – The Undersigned Hereby Certifies That Title To This Land Is As Reported And Shown In The Records Of _____
_____ County, Iowa.

This Report Is A Report Of Liens Only. No Examination Is Made And No Opinion Has Been Formed As To The Legal Effect Of Any Instrument Or Proceeding Inspected. It Is Made For The Exclusive Information And Use Of The Iowa Department Of Transportation And The State Of Iowa And No Liability For Errors Or Omission Will Accrue To The Benefit Of Any Other Person, Firm, Or Corporation.

Dated this _____ day of _____, 20 _____, at _____ o'clock _____ M
At _____, County of _____, State of Iowa

Signed _____
Title _____
Address 800 Lincoln Way, Ames, Iowa 50010
Telephone Number _____



Office of Right of Way, Acquisition Section

REQUEST FOR RIGHT-OF-WAY REVISION

Date:

Project Number:

Parcel Number:

County:

Ownership:

Revision requested by:

Reason for revision:

Approved by: _____

Date: _____

Office of Right of Way, Design Supervisor

Approved by: _____

Date: _____

Office of Right of Way Director

Approved by: _____

Date: _____

Access Policy Administrator

Approved by: _____

Date: _____

District Engineer

Revision made by: _____

Date: _____

Right of Way Design Technician

12. Assessment Data And Information Furnished But Not Certified To:

	LAND ASSESSED	SEC.	TWP.	RNG.	Acres of Lots Taxed
BY 40 AC TRACT OR LOT					

address

Taxes:



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

Phone: 515-239-1135
Fax: 515-239-1247
E-mail: @dot.iowa.gov
www.iowadot.gov

DATE _____

COUNTY _____

PROJECT _____

PARCEL _____

**REVISED
OFFER TO PURCHASE**

Owner: _____

Address: _____

Pursuant to federal and state regulations, the Iowa Department of Transportation presents to you a revised offer of \$'

This offer supersedes the previous offer made on _____, but does not affect the 90-day written notice presented with that offer.

By _____
, Acquisition Agent



OFFICE OF RIGHT OF WAY, 800 Lincoln Way, Ames, IA 50010

10 DAY NEGOTIATION WAIVER

Parcel Number: _____ **County:** _____

Project Number: _____ **Route Number:** _____

A property owner has the right to wait 10 days from the date an appraisal is mailed by the acquiring agency to the property owner to commence negotiations as stated in Iowa Code section 6B.45.

However: "An acquiring agency may obtain a signed written waiver from the landowner to allow negotiations to commence prior to the expiration of the applicable waiting period for the commencement of negotiations."

I (We) the undersigned hereby waive the required 10 day waiting period to commence negotiations for the above referenced project.

Date : _____

X _____

X _____

Acquisition Agent: _____

634026wd



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Phone: 515-239-1135
Fax: 515-239-1247
E-mail: @dot.iowa.gov
Web site: iowadot.gov

DATE _____

COUNTY _____

PROJECT _____

PARCEL _____

TENANT/LESSEE OFFER TO PURCHASE & NOTICE OF EARLIEST MOVE DATE

Owner _____

Address _____

Pursuant to federal and state regulations, the Iowa Department of Transportation (Iowa DOT) presents to you the pamphlet *Highways and Your Land* and submits an offer of \$[Click here to enter text.](#), which represents just compensation for your tenant/lease interest in the subject property.

You will not be required to move from your dwelling or move your business, farm, non-profit organization or personal property any sooner than _____, which is at least ninety (90) days from this notice.

If you must move from your dwelling, this notice is based on a potential replacement property being currently available to you. If no *Offer of Relocation Assistance* accompanies this *Offer to Purchase*, you will not have to move earlier than 90 days after information on a currently available property is provided to you.

If you must move, or move your personal property from your property, you will receive a written notice at least 30 days prior to the specific date by when you must move. The 30-day written notice will not be issued until you have received payment from the State as agreed in the contract, or until the money has been deposited by the State as prescribed by law.

You and the Iowa DOT may agree to a date by when you will move that varies from the possible dates discussed in the previous paragraphs. If such an agreement is reached, it will be specified in the *Purchase Agreement* that you sign with the Iowa DOT, and your agreement will constitute a waiver of the provisions of this notice.

By _____
, Acquisition Agent

W-9 Guidelines

12-17-2013

Please follow this link to complete the W-9 information:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>



Form 637011 (02-17)

OFFICE OF RIGHT OF WAY - RELOCATION
NON-RESIDENTIAL INTERVIEW

County:		Project Number:			Parcel Number:	
TYPE						
<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Landlord	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Sign		
Legal Business Name (if applicable):					Phone Number:	
Business/Personal Property Owner(s) or Representative			e-Mail Address		Phone Number:	
Property Address:			Business Mailing Address:			
Business Status:		Type of Business:		Trade Area:		
Date Established at Site:		Lease Terms:		Hours of Operation:		
Other Businesses Owned and/or Operated:						
Environmental Concerns:						
Personal Property Needing Special Handling:						
Outside Specialists to Assist in Planning the Move, Moving, and Reinstalling Personal Property						
Other Replacement Site Needs/Comments:						

Relocation Assistance Brochure Reviewed

Receipt for Brochure Signed

(Signature)

Relocation Assistance Advisor

Date



Form 637032 (02-17)

OFFICE OF RIGHT OF WAY - RELOCATION

ESTIMATED COST OF SELF-MOVE OF PERSONAL PROPERTY

County	Project Number	Parcel Number
Personal Property Owner	Location of Personal Property to Be Moved	
Replacement Address		Proposed Move Date

ITEMS TO BE MOVED

<p>ITEMS TO BE MOVED</p>

Estimated Cost: \$ _____

If \$1,501.00 or more:

EQUIPMENT			
_____	_____ hours	@ \$ _____ /hour	= \$ _____
_____	_____ hours	@ \$ _____ /hour	= \$ _____
LABOR			
_____ persons	@\$ _____ /hr	x _____ hours	= \$ _____
_____ persons	@\$ _____ /hr	x _____ hours	= \$ _____

Displacee: _____

Date: _____

Right of Way Advisor _____

Date: _____

OFFICE OF RIGHT OF WAY - RELOCATION
NON-RESIDENTIAL FIXED PAYMENT

County	Project Number	Parcel Number
Business Owner		Doing Business As
Address	Telephone(s)	e-Mail Address

		CRITERIA (all criteria must be met to be eligible)
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Payment is based on Average Annual NET Earnings for the two (2) taxable years immediately prior to the taxable year in which the business or farm operation is displaced.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	The business is not part of a commercial enterprise having more than three other entities which are not being acquired, and which are under the same ownership and engaged in the same or similar business activities. (§24.305(b))
<input type="checkbox"/>	<input type="checkbox"/>	The operation is not operated at a displacement dwelling solely for the purpose of renting such dwelling to others. (i.e. landlord)
<input type="checkbox"/>	<input type="checkbox"/>	The business is not operated at the displacement dwelling solely for the purpose of renting the site to others.
<input type="checkbox"/>	<input type="checkbox"/>	The business contributed materially to the income of the displaced person during the two (2) taxable years prior to displacement. * Had average annual gross receipts of at least \$5,000; or * Had average annual net earnings of at least \$1,000; or * Contributed at least 33 1/3% of the owners or operators average annual gross revenue from all sources.

PARTIAL ACQUISITION OF A FARM OPERATION

In the case of a partial acquisition of land, which was a farm operation (x24.2(a)(12)) before the acquisition, the fixed payment shall be made only if the Iowa Department of Transportation determines that:

1. The acquisition of part of the land caused the operator to be displaced from the farm operation on the remaining land; or
2. The partial acquisition caused a substantial change in the nature of the farm operation.

NON-PROFIT ORGANIZATION (NPO)

A displaced NPO may choose a fixed payment, **IF the Iowa Department of Transportation determines** that it cannot be relocated without a substantial loss of existing patronage (membership or clientele). Any payment in excess of \$1,000 must be supported with financial statements for the two 12-month periods prior to the acquisition. The amount to be used for the payment is the average of two (2) years annual gross revenues less administrative expenses.

The following information was gathered from the income tax statements (or other certified financial statements) submitted by the owner.

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

Based on the above information, a \$ _____ fixed payment Maximum for a business move is hereby submitted for approval

Recommended By:

Approved By:

 Relocation Assistance Advisor Signature

 Relocation Assistance Advisor Signature



Form 637010 (05-17)

OFFICE OF RIGHT OF WAY - RELOCATION

**CLAIM FOR NON-RESIDENTIAL
RELOCATION ASSISTANCE REIMBURSEMENT**

County:	Project Number:	Parcel Number:
---------	-----------------	----------------

APPLICATION FOR REIMBURSEMENT (Check Applicable Items)

<input type="checkbox"/> Business	<input type="checkbox"/> Farm Operation	<input type="checkbox"/> Non-Profit Organization	<input checked="" type="checkbox"/> Advertising Sign	<input checked="" type="checkbox"/> Personal Property Only
--------------------------------------	--	---	---	---

CLAIMANT INFORMATION

		Date Moved:	Storage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name:		e-Mail:		
Subject Address:		New Address:		
City:	ZIP Code:	City:	State:	ZIP Code:

PAYMENT INFORMATION

ACTUAL MOVING EXPENSES

Commercial Move (supported by receipted bills)

Self-Move (NOT to exceed professional moving bid)

Storage (NOT to exceed 12 months) ___ months x \$ _____

REESTABLISHMENT EXPENSES	REMAINING ELIGIBLE FUNDS _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

SEARCHING EXPENSES

1. **Receipted Bills** \$ _____

2. **Time Spent in Search** ___ hours x _____ per hour \$ _____

MOVING COSTS BASED ON AVERAGE EARNINGS IN LIEU OF ACTUAL EXPENSES
a.k.a. **FIXED PAYMENT**

- This payment is in lieu of all other items on this claim.
- This payment shall be based upon a determination by the State that the Claimant is eligible to elect receipt of this payment.
- Supported by proof average annual net earnings for the two previous years. (Based on NET Business or Farm income tax figures for those years.)

ASSIGNMENT OF INTEREST (undersigned authorizes and requests DOT to make payment directly to the following on my behalf).

NAME	ADDRESS	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL AMOUNT OF THIS CLAIM	<input type="checkbox"/> FINAL CLAIM
The amounts of payment(s) claimed herein are Subject to Audit for Compliance with State and Federal Regulators.	

IOWA DEPARTMENT OF TRANSPORTATION USE ONLY

Relocation Section Approvals:

Relocation Advisor _____ Date _____

Relocation Auditor _____ Date _____

CLAIMANT'S CERTIFICATION

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

Signature _____ Date _____

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



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

DISPLACEMENT INTERVIEW

County	Project Number	Parcel Number	<input type="checkbox"/> Owner	<input type="checkbox"/> Mortgage (details below)
			<input type="checkbox"/> Tenant	_____ Rent and Utilities
Street Address and City				
Phone	E-Mail Address	Phone	E-Mail Address	
Occupants, and Age for Minors		Employment (or School) and Distance		Date of Occupancy
				For Tenants - Income
Type of Dwelling	Style of House	Siding	Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached	Stalls _____ Lot Size
Dwelling Specifications		Heating & Cooling		Basement
_____ Habitable Square Footage		<input type="checkbox"/> Window AC <input type="checkbox"/> Gas, Electric, LP		<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
_____ Number of Bedrooms		<input type="checkbox"/> Central AC <input type="checkbox"/> Geothermal		Finished <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
_____ Number of Bathrooms		<input type="checkbox"/> Other _____		Laundry <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Main Floor Laundry				Habitable with adequate egress, as well as natural light, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No
Room Count _____				
Interior Amenities (check all that apply)			Exterior Amenities (check all that apply)	
<input type="checkbox"/> Built-in Dishwasher			<input type="checkbox"/> Deck(s)	
<input type="checkbox"/> Built-in Range			<input type="checkbox"/> Extensive Landscape	
<input type="checkbox"/> Built-in Microwave			<input type="checkbox"/> Patio(s)	
<input type="checkbox"/> Built-in Shelving			<input type="checkbox"/> Open Porch	
<input type="checkbox"/> Security System			<input type="checkbox"/> Enclosed Porch (not habitable)	
<input type="checkbox"/> Other _____			<input type="checkbox"/> Personal Property	

Handicapped needed for replacement? Yes No

Special needs, desires, and plans for replacement:

Relocation Assistance Brochure Reviewed

Receipt for Brochure Signed

Relocation Assistance Advisor Signature

Date

COMPARABLE DWELLING VERIFICATION

MOST COMPARABLE

County	Project Number	Parcel Number	Displacee Name
--------	----------------	---------------	----------------

LISTING INFORMATION

Selling Agent (or Landlord) & Phone Number: _____ MLS No.: _____ Address: _____ Listing Price/Rent: _____ Utilities (for Rental only): _____ School (if applicable): _____	Type of Dwelling: _____ Year Built: _____ Style of House: _____ Road: _____ Siding: _____ Lot Size: _____ Garage _____ Stalls <input type="checkbox"/> Attached <input type="checkbox"/> Detached Basement: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No Basement Finished: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Adequate Egress
---	--

GENERAL INTERIOR INFORMATION

GENERAL CONDITION OF COMPARABLE

_____ Habitable Square Footage (Measurements below) _____ Number of Bedrooms <p style="text-align: center;">BATHROOMS</p> _____ Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">1st</td> <td style="width:5%; text-align: center;">2nd</td> <td style="width:5%; text-align: center;">3rd</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Separate, Private Bathroom Area</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Well Lighted & Properly Ventilated</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Contains Sink & Bathtub or Shower Stall</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hot & Cold Running Water</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Contains a Toilet</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Fixtures in Good Working Order & Connected to Sewage Disposal System</td> </tr> </table> <p style="text-align: center;">KITCHEN</p> <input type="checkbox"/> Sink and Fixtures in Good Working Order w/ Hot & Cold Water Supply and Sewage Disposal System <input type="checkbox"/> Range and Refrigerator Space with Utility Connections <input type="checkbox"/> Dishwasher <input type="checkbox"/> Garbage Disposal	1st	2nd	3rd		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate, Private Bathroom Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Lighted & Properly Ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contains Sink & Bathtub or Shower Stall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & Cold Running Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contains a Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures in Good Working Order & Connected to Sewage Disposal System	<input type="checkbox"/> Conforms to State & Local Codes <input type="checkbox"/> Adequate Heating System (maintain 70°) <input type="checkbox"/> Structurally Sound & Weathertight <input type="checkbox"/> Adequate & Safe Water Supply <input type="checkbox"/> Adequate Living Space for Person/Family <input type="checkbox"/> Adequate Ingress/Egress <input type="checkbox"/> Clean, Sanitary and Well Maintained <input type="checkbox"/> Central Air Conditioning <input type="checkbox"/> Main Floor Laundry <input type="checkbox"/> Security System _____ Number of Smoke Alarms <p style="text-align: center;">HANDICAPPED ACCESSIBILITY</p> <input type="checkbox"/> Free of Barriers to Ingress/Egress and Use of the Dwelling
1st	2nd	3rd																											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate, Private Bathroom Area																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Lighted & Properly Ventilated																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contains Sink & Bathtub or Shower Stall																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & Cold Running Water																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contains a Toilet																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures in Good Working Order & Connected to Sewage Disposal System																										

REMARKS

CERTIFICATION

The comparable dwelling <input type="checkbox"/> IS <input type="checkbox"/> IS NOT found to be decent, safe and sanitary and functionally equivalent to displacement. This is not a guarantee against problems currently existing in the dwelling or those that may arise in the future; it is made only to determine eligibility for a replacement housing payment.	_____ Inspector (Signature) Date
---	--



Form 637013 (10-16)

OFFICE OF RIGHT OF WAY - RELOCATION

**SUPPLEMENTAL HOUSING PAYMENT
SUMMARY AND CERTIFICATION
OWNER-OCCUPANTS OF MORE THAN 90 DAYS**

County	Project Number	Parcel Number
Name	Phone	E-Mail Address
Street Address and City		

BLOCK A AVAILABLE COMPARABLE HOUSING			
Listing Number	Date	Address	Listing Price

BLOCK B OWNER-OCCUPANT REPLACEMENT HOUSING	
The Most Nearly Comparable House (from Block A) - Listing Number: _____	
Cost of Most Comparable House:	\$ _____
Less (Residential Portion) of Subject Property:	- _____
Supplemental Housing Payment:	\$ _____

BLOCK C AVAILABLE COMPARABLE HOUSING FOR RENT					
Listing Number	Date	Address	Rent	Utilities	Total

BLOCK D RENT SUPPLEMENTAL HOUSING PAYMENT	
The Most Nearly Comparable Housing Rental (Block C) - Listing Number: _____	
Rent & Utilities \$ _____ per Month x 42 Months:	\$ _____
Less:	
Economic Rent of Owner-Occupied Residence including Utilities \$ _____ per Month x 42 Months: - _____	
Supplemental Rental Assistance Payment:	\$ _____ *
* This shall not exceed the amount of Supplemental Housing Payment (Block B)	

Reasons for Selecting Most Comparable:

Based on above calculations the estimated amount for supplemental replacement housing due to 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 no 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.

Relocation Assistance Advisor Signature _____ Date _____ Room Count _____

PP Move

RENTAL SUPPLEMENT SUMMARY AND CERTIFICATION

County		Project Number			Parcel Number	
Name			Phone	E-Mail Address		
Street Address and City						
BLOCK A AVAILABLE COMPARABLE HOUSING FOR RENT						
Listing Number	Date	Address		Rent	Utilities	Total
BLOCK B RENTAL SUPPLEMENT PAYMENT						
The Most Nearly Comparable (Block A) - Listing Number: _____						
Rental \$ _____ per Month including Utilities x 42 Months:					\$ _____	
Less:						
a). Average Monthly Rent Paid during the last 3 Months including Utilities \$ _____ x 42 Months: (a)					\$ _____	
b). Economic Monthly Rent including Utilities \$ _____ x 42 Months: (b)					\$ _____	
c). Low income Household limit for _____ County for a family of _____						
30% of Average (Household) Gross Monthly Income from Past _____ Months						
\$ _____ per Month including Utilities x 42 Months:					\$ _____	
Total Rent Supplemental Payment based on the lower of (a), (b), or (c):					\$ _____	

Based on above calculations the estimated amount for supplemental replacement housing due the occupants, 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 no 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.

Relocation Assistance Advisor Signature

Date

Room Count _____

PP Move

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

RECEIPT FOR BROCHURE

County: _____

Project Number: _____

Parcel Number: _____

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 68 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-Acquisition/Relocation
800 Lincoln Way, Ames Iowa 50010
Phone: 515-239-1135

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: sw

_____, Acquisition/Relocation Production Coordinator
_____, Relocation Agent

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

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



www.iowadot.gov

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

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, _____ at _____.

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.

Cordially,

Relocation/Acquisition Supervisor

MEH: ms

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

RECEIPT OF WARRANT ACKNOWLEDGEMENT

I, _____, hereby acknowledge receipt of the following warrant(s) from the Iowa Department of Transportation.

PAYEE	WARRANT NO.	AMOUNT

The above warrant(s) is received as reimbursement of true and just expense(s) incurred in the relocation of my

Signature

Date

Relocation Assistance Advisor

ABANDONMENT AGREEMENT

County	Project Number	Parcel Number
Personal Property Owner		Location of Personal Property to be moved

I have reviewed the property located at the address designated above with an agent of the Iowa Department of Transportation and wish to relinquish all rights to the remaining property on the premises and understand that it shall be disposed of by the Iowa Department of Transportation.

I am the owner of personal property; or,

I am the designee for the owner of personal property.

Signature

Date

Iowa Department of Transportation Representative

Date

PARCEL CHECKSHEET

County	Project Number	Parcel Number
Name	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
		<input type="checkbox"/> Personal Property/Sign <input type="checkbox"/> Landlord
Replacement Address		Telephone
E-mail Address		
RESIDENTIAL		
<input type="checkbox"/>	"General Information Notice"	
<input type="checkbox"/>	"Displacement Data" Information	
<input type="checkbox"/>	"Comparable Replacement " Information	
<input type="checkbox"/>	"Replacement Dwelling Certification"	
<input type="checkbox"/>	"Replacement Housing Summary & Certification"	
<input type="checkbox"/>	"Offer of Relocation Assistance"	
<input type="checkbox"/>	"Mortgage Interest Differential Payment" Determination	
<input type="checkbox"/>	"Relocation Housing Payment and Possession Agreement"	
<input type="checkbox"/>	"Estimated Cost of New Replacement Housing"	
<input type="checkbox"/>	Approved Purchase Agreement or Condemnation Award & Hearing Report	
<input type="checkbox"/>	Copy of Title Instrument for Replacement Housing	
<input type="checkbox"/>	Closing Statement for Replacement Housing	
<input type="checkbox"/>	Pictures <input type="checkbox"/> Subject <input type="checkbox"/> Comparable <input type="checkbox"/> Replacement	
<input type="checkbox"/>	Last Resort Housing Plan	
<input type="checkbox"/>	Rent Receipts <input type="checkbox"/> Subject <input type="checkbox"/> Replacement	
NON-RESIDENTIAL		
<input type="checkbox"/>	"Non-Residential Information " Sheet	
<input type="checkbox"/>	"Offer of Relocation Assistance"	
<input type="checkbox"/>	"Estimated Cost of Self-Move of Personal Property "	
<input type="checkbox"/>	"Non-Residential Fixed Payment"	
<input type="checkbox"/>	Approved Purchase Agreement or Condemnation Award & Hearing Report	
<input type="checkbox"/>	Moving Company Bids	
<input type="checkbox"/>	Inventory <input type="checkbox"/> List <input type="checkbox"/> Pictures	

Documents Added to ProjectWise:

Offer of Relocation
 GIN
 Receipt of Brochure
 30-Day Notice
 Extension Letter(s)

Reviewed By: _____

Relocation Assistance Advisor _____

Date: _____

Date: _____

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 an 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 _____

 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
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.

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

2. MOVING AND RELATED EXPENSES

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- 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.
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- 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
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 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.

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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:

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- 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.
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- 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).
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- 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.

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- Purchase of manufacturing material, production supplies, product inventory or other items used in the normal course of business operation.
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- 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



www.iowadot.gov

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

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 _____
Right of Way Advisor
Date

By _____
Relocation Assistance Supervisor
Date

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.*

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

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Date _____, 20____

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Displacee

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OFFICE OF RIGHT OF WAY - RELOCATION
ESTIMATED COST OF NEW CONSTRUCTION

County:	Project Number:	Parcel Number:
CONSTRUCTION COSTS		
Dwelling cost based on <input type="checkbox"/> Builder's Quote or \$ _____ per square foot for _____ square feet.		\$ _____
Garage Cost <input type="checkbox"/> included above or		\$ _____
Water Hook-up or Well Cost _____		_____
Septic Installation _____		_____
Landscaping _____		_____
Other Costs (itemize)		\$ _____
Total Estimated cost of new replacement housing		\$ _____
Less Estimated value of the residential portion of the acquisition		\$ _____
Replacement Housing Payment based on the cost of New Construction		\$ _____

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.

Signature

Date

Relocation Assistance Advisor

MORTGAGE INTEREST DIFFERENTIAL PAYMENT (MIDP)

County	Project Number	Parcel Number
Name		Address
MORTGAGE INFORMATION		
Existing Loan Information		New Payment Information
Existing Balance: \$ _____		New Mortgage Amount: \$ _____
Months Remaining: _____		Months Remaining (New): _____
Existing Annual Interest Rate: _____		Lesser: Prevailing or Actual Interest Rate: _____
Existing Monthly Payment: _____		Points or Loan Origination Fees: \$ _____

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

The MIDP is contingent on: 1) the existence of 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 cost in the amount which will reduce the mortgage balance on your new mortgage to an amount that which could amortized with the same month 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 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 smaller amount or for a shorter term, a recomputation will be required and your payment will change.

Displacee (Signature)

Relocation Assistance Advisor

Date Prepared

Date Submitted to Displacee

Estimated MIDP

Actual MIDP

**CLAIM FOR RESIDENTIAL
RELOCATION ASSISTANCE REIMBURSEMENT**

County:	Project Number:	Parcel Number:
APPLICATION FOR REIMBURSEMENT (Check Applicable Items)		
<input type="checkbox"/> RHP	<input type="checkbox"/> Down Payment/Rental Assistance	<input type="checkbox"/> Increased Interest
		<input type="checkbox"/> Incidental Costs
<input type="checkbox"/> Moving		
CLAIMANT INFORMATION		
		Date Moved: _____
		Storage: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____		e-Mail: _____
Subject Address: _____		New Address: _____
City: _____	ZIP Code: _____	City: _____ State: _____ ZIP Code: _____
PAYMENT INFORMATION		
SCHEDULED MOVING PAYMENT		Number of Rooms of Furniture: _____ \$ _____
ACTUAL MOVING EXPENSES		
<input type="checkbox"/> Commercial Move (supported by receipted bills)		
<input type="checkbox"/> Self-Move (NOT to exceed professional moving bid)		
<input type="checkbox"/> Storage (NOT to exceed 12 months) _____ months x \$ _____		\$ _____
REPLACEMENT HOUSING PAYMENT/DOWN PAYMENT/RENTAL ASSISTANCE		
<input type="checkbox"/> RHP		
<input type="checkbox"/> Down Payment Assistance _____		
<input type="checkbox"/> Rental Assistance Payment _____ months x \$ _____		\$ _____
<input type="checkbox"/> Last Resort Housing		Remaining RHP \$ _____
INCREASED INTEREST PAYMENT (Based on old and new mortgage information)		\$ _____
COSTS INCIDENTAL IN THE PURCHASE OR RENTAL OF REPLACEMENT HOUSING		\$ _____
ASSIGNMENT OF INTEREST (undersigned authorizes and requests DOT to make payment directly to the following on my behalf).		
NAME	ADDRESS	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL AMOUNT OF THIS CLAIM		<input type="checkbox"/> FINAL CLAIM
The amounts of payment(s) claimed herein are Subject to Audit for Compliance with State and Federal Regulators.		\$ _____
IOWA DEPARTMENT OF TRANSPORTATION USE ONLY		CLAIMANT'S CERTIFICATION
Relocation Section Approvals:		I certify that the above claim is correct, just, and unpaid.
Relocation Advisor _____	Date _____	Signature _____
Relocation Auditor _____	Date _____	Date _____

REPLACEMENT DWELLING CERTIFICATION

County	Project Number	Parcel Number	
Occupant Name(s)		Address of Replacement Property	
Agent	Phone Number	MLS Number	Selling/Rental Price
<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Residential/Commercial	<input type="checkbox"/> Other _____
<p style="text-align:center;">GENERAL CONDITION</p> <input type="checkbox"/> Conforms to State & Local codes <input type="checkbox"/> Adequate Heating System (maintain 70°)* <input type="checkbox"/> Structurally Sound & Weather-tight <input type="checkbox"/> Adequate & Safe Water Supply* <input type="checkbox"/> Adequate Sewage Disposal System* <input type="checkbox"/> Adequate Living Space for Person/Family <input type="checkbox"/> Adequate Ingress/Egress <input type="checkbox"/> Clean, Sanitary, and Well-Maintained <p style="text-align:center;">HANDICAPPED ACCESSIBILITY</p> <input type="checkbox"/> Free of Barriers to Ingress/Egress and Use of the Dwelling <p style="text-align:center;">*Additional Inspections Required</p>		<p style="text-align:center;">BATHROOM</p> <input type="checkbox"/> Separate, Private Bathroom Area <input type="checkbox"/> Well-Lighted <input type="checkbox"/> Properly Ventilated <input type="checkbox"/> Contains Sink & Bathtub or Shower Stall with Hot & Cold Running Water <input type="checkbox"/> Contains a Toilet <input type="checkbox"/> Fixtures in Good Working Order <input type="checkbox"/> Fixtures Connected to Sewage Disposal System <p style="text-align:center;">KITCHEN</p> <input type="checkbox"/> Sink in Good Working Order with Hot & Cold Water Supply <input type="checkbox"/> Sewage Disposal System <input type="checkbox"/> Range and Refrigerator Space with Utility Connections _____ Number of Smoke Alarms	
REMARKS			

THIS CERTIFICATION IS NOT A WARRANTY OR GUARANTEE

As of this date, the premises are satisfactory for residential use. This inspection is not a guarantee against problems currently existing in the dwelling or those that may arise in the future; it is made only to determine eligibility for a replacement housing payment. Iowa Department of Transportation, or, its employees shall not be liable for any injury or damage, including incidental or consequential damages, claimed to be the result of any failure to discover or report code violations or property defects.

CERTIFICATION

I hereby certify that the replacement dwelling has been inspected. The replacement dwelling IS IS NOT found to be decent, safe and sanitary for relocation payments. No other representation is intended.

INSPECTOR (Signature)

Date

Agent

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)



Form 637031 (11-16)

OFFICE OF RIGHT OF WAY - RELOCATION
RELEASE OF SUPPLEMENTAL HOUSING PAYMENT
PRIOR TO OCCUPANCY OF DSS DWELLING

Table with 3 columns: County, Project Number, Parcel Number; Name, Telephone Number; Address, E-mail Address

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

Displacee(s) herein request(s) temporary waiver of one of the specific eligibility requirements for a replacement housing payment -- the requirement that the replacement dwelling be occupied and deemed decent, safe and sanitary (DSS) prior to release of the replacement housing payment.

Therefore, it is agreed as follows

- Agency will release replacement housing payment in the amount of \$ _____, to displacee or their designee in advance of actual occupancy of the DSS replacement dwelling.
It is understood that this advance payment is necessary to enable the displacee(s) to relocate and occupy the DSS dwelling located at _____ as the permanent and legal place of abode no later than _____, following receipt of this advance replacement housing payment.
Displacee(s) unconditionally promise(s) and agree(s) that, failure to occupy the above-described replacement dwelling as permanent and legal place of abode by _____ following receipt of this advance replacement housing payment, the full amount of the previously designated payment will be returned to the DOT immediately (within 48 hours).
It is also understood agreed that, in the event Displacee(s) pay(s) less than \$ _____ for replacement property, Displacee(s) shall return the full amount of the payment to the Agency.

Claimant's Signature

Date:

Claimant's Signature

Date:

Relocation Assistance Advisor

Date:

KEEP VACANT AGREEMENT

County	Project Number	Parcel Number
--------	----------------	---------------

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

In consideration of the following terms, provisions and conditions:

- Time Period:** The duration of this Agreement shall be from _____, until the date title is to be conveyed per the terms of the signed purchase agreement or the date of condemnation, whichever is applicable. It is understood no extensions will be given.
- Consideration:** The DOT 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.
- Termination:** This agreement will be terminated without further notice on the date described in Item 1. The DOT 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 DOT.

<p>OWNER</p> <p>Signature _____ Date _____</p> <p>(Mailing Address)</p> <p>(City, State, ZIP Code)</p> <p>(Telephone Number)</p>	<p>IOWA DEPARTMENT OF TRANSPORTATION</p> <p>Signature _____ Date _____</p> <p>800 Lincoln Way Ames, IA 50010</p> <p>(515) 239-1215</p>
--	---

Agent