

Property Acquisition/Relocation Questionnaire

(Please complete one questionnaire for each property.)

Grantee Information

Grantee:		Chief Elected Official:	
Grant Number:		Phone Number:	

General Property Information

Address of Property to be Acquired:		
Ownership of Property (Select One)	Publicly Owned:	Privately Owned:
Owners Name and Address:		
Date Present Owner Purchased Property:		
Has the Owner received a copy of the appropriate informational brochure? If so, please attach proof of receipt to this questionnaire.		
Has an appraisal been obtained for the property/easement? If so, what was the date of the appraisal?		

Preparer/CEO Certification

Chief Elected Official Signature:		Questionnaire Preparer Signature: <i>(Attorney or Grant Administrator)</i>	
Date:		Date:	

Current Use of Property

Residential				
Number of Units	Number of Units Occupied	Number of Families Occupying Units	Number of Occupants who are Tenants	Number of Owner Occupants

Business				
Number of Units	Number of Units Occupied	Number of Businesses Occupying Units	Number of Occupants who are Tenants	Number of Owner Occupants

Combination of Mixed Use Property						
Number of Units	Number of Residential Units	Number of Residential Units Occupied by Tenants	Number of Residential Units Occupied by Owners	Number of Business Units	Number of Business Units Occupied by Tenants	Number of Business Units Occupied by Owners

Vacant Property	
Number of Parcels to be Acquired	Number of Units Easements to be Acquired

