

**STATE OF NEBRASKA - DEPARTMENT OF ROADS
RELOCATION ADVISORY SERVICE INFORMATION**

HOUSING DISPLACEMENTS

PROJECT NUMBER:	PROJECT LOCATION:
CONTROL NUMBER:	TRACT:
NAME: <i>(Last, First, Middle Initial)</i>	
ADDRESS: <i>(City, State, Zip Code)</i>	
HOME PHONE:	BUSINESS PHONE:
RELOCATEE IS AN OWNER	

FAMILY CHARACTERISTICS

NAME	RELATIONSHIP	SEX	AGE	RACE	WORK OR SCHOOL LOCATION	DISTANCE

NUMBER OF DEPENDENTS NOT AT HOME	0	ADULTS	0	ANY PETS	YES
TOTAL NUMBER FAMILY LIVING AT HOME	0	CHILDREN	0		

ANNUAL HOUSEHOLD INCOME (earned and unearned sources including, but not limited to: wages, salary, child support, alimony, unemployment benefits, workers compensation, social security, interest, dividends or the net income from a business):

SOURCE:	Amount:
	Total: \$0.00

HUD's LOW INCOME LIMIT FOR A FAMILY OF IS

REPLACEMENT PROPERTY - NEEDS AND DESIRES

IF YOU PLAN TO PURCHASE			IF YOU PLAN TO RENT	
NEWER HOUSE	PRICE RANGE	Under \$40,000	HOUSE	FURNISHED
MAXIMUM DOWN PAYMENT			IF APARTMENT, INDICATE DENSITY:	
APPROX. MONTHLY PAYMENT (EXCL. UTILS)			MAXIMUM MONTHLY RENT:	
DO YOU QUALIFY FOR A V.A. LOAN? YES			DOES ABOVE INCLUDE UTILITIES? YES	

HOUSING FEATURES		NEIGHBORHOOD FEATURES			
SIZE: 1200 SQ. FT.	TYPE OF CONSTRUCTION: <i>(Frame, Brick, etc.)</i> Frame	PREFERRED LOCATION:			
NUMBER BEDROOMS 2		PUBLIC TRANSPORTATION NEEDS:			
NUMBER BATHS 2		DO YOU OWN AN AUTO? YES			
BASEMENT YES	STYLE OF CONSTRUCTION 1 STORY	IMPORTANCE OF PROXIMITY TO:			
GARAGE YES		EMPLOYMENT	YES	CHURCH	YES
SPECIAL FEATURES: <i>(Built-ins, Fireplace, Patio, Garden Area, etc.)</i>		SCHOOL	YES	SHOPPING	YES

ADDITIONAL COMMENTS OR REMARKS:

AGENT:	DATE:
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STATE OF NEBRASKA – DEPARTMENT OF ROADS – RIGHT OF WAY DIVISION
UNITED STATES CITIZENSHIP ATTESTATION FORM

If the residency status of any person is not described in this certification, a reduction in the relocation payment(s) for which the displaced entity would otherwise be eligible may be indicated. You may be required to refund relocation payments you have received if the certification is determined to be invalid.

PROJECT:	PROJECT LOCATION:
CONTROL NUMBER:	TRACT:
RESIDENTIAL	
Individual (check one)	Family (Check all that apply)
For the purpose of complying with Neb. Rev. Stat. § 4-108 through 4-114, I attest as follows:	For the purpose of complying with Neb. Rev. Stat. § 4-108 through 4-114, I attest as follows:
<input type="checkbox"/> I am a citizen of the United States.	<input type="checkbox"/> _____ persons are in my household.
<input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.	<input type="checkbox"/> _____ are citizens of the United States. They are:
	<input type="checkbox"/> _____ are qualified aliens under the federal Immigration and Nationality Act. My immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request. They are:
RESIDENTIAL CERTIFICATION	
Note: The head of the household must sign the certification.	
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate, and I understand that this information may be used to verify my lawful presence in the United States.	
Signature:	Date:

NON-RESIDENTIAL CERTIFICATION	
Unincorporated (check all that apply)	Incorporated (Check both)
For the purpose of complying with Neb. Rev. Stat § 4-108 through 4-114, I attest as follows:	For the purpose of complying with Neb. Rev. Stat § 4-108 through 4-114, I attest as follows:
<input type="checkbox"/> The name of the business is:	<input type="checkbox"/> The name of the business is
<input type="checkbox"/> The owner(s) of this business is/are:	<input type="checkbox"/> This corporation is established pursuant to State law and is authorized to conduct business in the United States.
<input type="checkbox"/> _____ owners are citizens of the United States.	
<input type="checkbox"/> _____ owners are aliens lawfully present in the United States.	
<input type="checkbox"/> _____ owners are non United States citizens not present in the United States.	
NON-RESIDENTIAL CERTIFICATION	
Note: The certification must be signed by the owner or other person authorized to sign on the owner's behalf.	
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate, and I understand that this information may be used to verify my lawful presence in the United States.	
Signature:	Date:

REMARKS: