

STATE OF NEBRASKA - DEPARTMENT OF ROADS
ADVISORY SERVICE AND SUBJECT PROPERTY INFORMATION

PROJECT NUMBER:		LOCATION:			
CONTROL NUMBER:		TRACT:			
BUSINESS AND NON PROFIT DATA					
NAME OF OPERATION:					
ADDRESS:					
BUSINESS PHONE:		HOME PHONE:			
OCCUPANCY STATUS: OWNER		NAME OF PRINCIPAL OFFICER:			
IF TENANT, AMOUNT OF RENT:		TITLE:			
NUMBER OF EMPLOYEES		DATE OF OCCUPANCY:			
TYPE OF PRODUCT OR SERVICE:					
BUILDING		UTILITIES			
TYPE OF CONSTRUCTION:		SEWER <input type="checkbox"/> WATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICITY <input type="checkbox"/>			
STYLE OF CONSTRUCTION:		L A N D			
CONDITION: AGE:				LAND (Ac Or Sq. Ft.):	
TYPE OF HEAT:				IMPROVEMENTS (Sq. Ft.):	
TYPE OF AIR CONDITIONING:				TYPE OF PARKING:	
WATER HEATER:				AREA OF PARKING (Sq. Ft.):	
ELEVATOR SIZE:		LOT SIZE:			
LIFT CAPACITY:		DISTANCE TO PUBLIC TRANSPORTATION:			
SPRINKLER SYSTEM:					
BASEMENT:					
SUBJECT FARM DATA					
IMPROVEMENT DESCRIPTION:					
LAND DESCRIPTION:					
			TOTAL ACREAGE: <input style="width: 100px;" type="text"/>		
Interview Questions:					
1	What are your replacement site requirements?				
2	What are your current lease terms?				
3	Do you have other contractual obligations?				
4	Considering your eligibility for relocation assistance payments and your current financial situation, do you feel you have the financial capacity to accomplish the move?				
5	Do you think you will need professional services to plan your move?				
6	Do you think you will use professional movers to move your personal property?				
7	Do you think you will need professional services for disconnecting and reconnecting your personal property?				
8	How long do you think it will take to vacate your current site?				
9	Do you think it will be difficult to find a replacement property?				
10	Do you believe advance relocation payments will be required for the move?				
11	Is your business or non-profit organization a part of an enterprise having at least three other establishments not being acquired which are engaged in the same or similar activity?				
Realty vs. Personal Property Issues:					
1	Every effort must be made to identify and resolve realty/personal property issues prior to, or at the time of, the appraisal of the property.				
2	Has this been completed? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. Describe:				
AGENT:			DATE:		

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: