Landlord Interview Questionnaire

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| **Parcel Information** |  | Project: | PROJECT # |
| Business/Landlord Name: | DISPLACEE(S) NAME |  | Code: | CODE | Parcel: | PARCEL |
| Property Address: | ADDRESS IN RIGHT OF WAY |  |  |
| Mailing Address | DISPLACEE(S) ADDRESS |  |  |
| Phone  | DISPLACEE PHONE | Email | DISPLACEE EMAIL |
| Alternate Contact Name |       | Alternate Phone |       |
|  |
| **Tenant/Property Information** |
|  | **Please check one:** |
| [ ]  Property is for single business | Type of business occupying the property |       |
| [ ]  Property is Single Family Residential | Bedrooms  |       | Baths |       | Sq Ft |       | Acres |       |
| Total Occupants |       | Adults: | Male |       | Female |       |
| Children: | Male (note ages) |       | Female (note ages) |       |
| [ ]  Property has multiple units | Number and Types of Units |       |
|  | **How long has/have the tenant(s) occupied the property?** |       |
|  | **What is the monthly rent?** |  |
|  | **What utilities are NOT included in the rent?** |       |
|  | **Please provide information regarding the following appliances/ mechanicals/ utilities:** |       |
| A/C:  HEAT:  STOVE:  WATER HEATER:  |
| [ ]  WATER SOFTENER  [ ]  PROPANE TANK   |
| [ ]  WELL [ ]  PUBLIC [ ]  SEPTIC [ ]  SEWER |
|  |
| **Reestablishment Plans** |
|  | **Intend to reestablish with the same business? [ ]  Yes [ ]  No** |       |
|  | **What type of zoning is required?** |       |
|  | **Special utilities required?** |       |
|  | **Lease terms or contractual obligations?** |       |
|  |
| **Move Plans** |
|  | **What personal property do you have there?** |       |
|  | **Best time of year to move?** |       | Time needed to complete move? |       |
|  | **Likely type of move:** |   Bids: [ ]  No [ ]  1 [ ]  2 |
|  | **Any special concerns regarding the move?** |       |

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| **Additional Comments or Concerns:**       |