PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93‑579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Office.

*All questions in this application should be answered and should give complete* DATE *details. If more space is required, additional pages may be attached.*

# I. NATURE OF HARDSHIP:

[ ] FINANCIAL [ ] MEDICAL [ ] OTHER

[ ] I request an early acquisition of my property described in Item II for reasons as stated in my letter(s) and/or statement(s) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] I request an early acquisition of my property described in Item II for the following reasons:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF APPLICANT | | | | SOCIAL SECURITY NUMBER | |
| MAILING ADDRESS | | | | | |
| RESIDENCE PHONE | BUSINESS PHONE | PRESENTLY EMPLOYED?  [ ] NO [ ] YES [ ] SELF‑EMPLOYED [ ] OTHER | | | |
| OCCUPATION | | POSITION | | | |
| EMPLOYED BY | | | | YEARS | MONTHS |
| NAME OF SPOUSE | | | | SOCIAL SECURITY NUMBER | |
| PRESENTLY EMPLOYED?  [ ] NO [ ] YES [ ] SELF‑EMPLOYED [ ] OTHER | | | | | |
| OCCUPATION | | | POSITION | | |
| EMPLOYED BY | | | | YEARS | MONTHS |
| DEPENDENTS (LIST, INCLUDE AGES) | | | | | |
|  | | | | | |
|  | | | | | |

# II. PROPERTY FOR WHICH ADVANCE ACQUISITION IS BEING REQUESTED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ADDRESS OR LOCATION | | | | |
| CURRENT PROPERTY TAXES | $ | | | |
| IMPROVEMENTS:  [ ] YES [ ] NONE [ ] SINGLE‑FAMILY RESIDENCE | | # OF BEDROOMS | # OF BATHROOMS | TOTAL # OF ROOMS |
| [ ] RESIDENTIAL # OF INCOME UNITS  $ | [ ] COMMERCIAL # OF UNITS | | DATE ACQUIRED | PURCHASE PRICE  $ |
| ESTIMATED PRESENT TOTAL VALUE | DID YOU HAVE KNOWLEDGE, AT TIME OF PURCHASE, THAT  A PROPOSED FREEWAY MIGHT AFFECT THE PROPERTY?  [ ] NO [ ] YES | | | |

|  |  |
| --- | --- |
| OWNER OCCUPIED? [ ] YES [ ] NO  IF YES, ESTIMATED FAIR RENTAL  $ | IS A PORTION OR ALL OF THE PROPERTY RENTED?  [ ] YES [ ] NO  IF YES, RENTAL RATE  $ |

**RECORDED LIENS AGAINST THE PROPERTY:**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST  TRUST  DEED: | ASSUMED [ ] YES [ ] NO | DATE | ORIGINAL AMOUNT  $ |
|  | MONTHLY PAYMENTS  $ | | APPROXIMATE BALANCE  $ |
|  | LENDER | ADDRESS | |
| SECOND  TRUST  DEED: | ASSUMED [ ] YES [ ] NO | DATE | ORIGINAL AMOUNT  $ |
|  | MONTHLY PAYMENTS  $ | | APPROXIMATE BALANCE  $ |
|  | LENDER | ADDRESS | |
| HAVE YOU ATTEMPTED TO SELL THE PROPERTY ON THE OPEN MARKET? [ ] NO [ ] YES | | | |
| IF YES, LIST BROKER’S NAME, ADDRESS, AND LISTING DATES AND AMOUNTS: | | | |
|  | | | |
|  | | | |

# III. MISCELLANEOUS INFORMATION

|  |
| --- |
| DO YOU OWN ANY OTHER PROPERTIES ALSO AFFECTED BY THE PROJECT? [ ] NO [ ] YES  IF YES, EXPLAIN |
|  |
|  |
| ARE YOU TO RECEIVE RELOCATION BENEFITS FROM A SOURCE OTHER THAN THE STATE OF CALIFORNIA? [ ] NO [ ] YES  IF YES, EXPLAIN |
|  |
|  |
| HAVE YOU MADE A PRIOR REQUEST OR APPLICATION FOR ADVANCE ACQUISITION OF A PROPERTY UNDER THE HARDSHIP PROGRAM? [ ] NO [ ] YES  IF YES, IDENTIFY THE PROPERTY |
|  |
|  |
| Under penalty of perjury, the undersigned certifies that the above statements and supporting attachments are true and correct to the best of my knowledge as of the date indicated. Any declaration or certification “under Penalty of Perjury” where applicant or declarant willfully states as true any material which he knows to be false, is guilty of a felony.  *I hereby authorize the Department of Transportation to contact any of the above‑mentioned individuals, and/or entities, for the purpose of verification of my hardship situation.*  *I am aware that the relocation assistance benefits may be made available to eligible occupants of properties purchased in advance under the Hardship Program and that further information concerning eligibility for said benefits may be obtained by contacting the Relocation Assistance Unit of the Department of Transportation.* |
| SIGNATURE DATE |
| SIGNATURE DATE |