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UNITED STATES DEPARTMENT OF AGRICULTURE
NATIONAL APPEALS DIVISION
RELOCATION QUESTIONNAIRE

Please complete and return one copy of this form,as early as possible, to NAD Administrative Staff. Admin Staff will then issue your "official" Travel Authorization. Do not incur relocation costs until you have signed a Service Agreement and a Travel Authorization has been issued and approved. TRANSFEREES SHOULD COMPLETE SECTION I AND SECTION II. NEW APPOINTEES SHOULD ONLY COMPLETE SECTION I.

SECTION I

Name:		**SSN:**	
Effective Date of Transfer:			
Present Duty Station:		**Next Duty Station:**	
Present Residence Address:			
Home Phone (area code):		**Work Phone (area code):**	

Transfer of Station

Name of Family Member to be moved	Relation to Employee	Date of Birth (mm/dd/yy)	Approximate date of departure for family members	Mode of Travel	
				Private Auto	Common Carrier
				☐ Yes	☐ Yes
				☐ Yes	☐ Yes
				☐ Yes	☐ Yes
				☐ Yes	☐ Yes
				☐ Yes	☐ Yes
				☐ Yes	☐ Yes

Total Private Automobiles Driven:	
Total Cost of Airfare:	

Household Effects and Vehicle Transportation

Approximate weight of household goods:(estimate 1,000lbs. per room exclude bathroom/Closets, NOT to exceed 18,000lbs)	

Approximate Shipping Date:		Approximate Distance in Miles:	

Storage Needed:	◯ Yes	◯ No	If Yes, Approximate days needed:(increments of 30)	

Vehicle Transportation needed:	◯ Yes	◯ No

If yes, Make:		Model:		Year:		Weight:	

Signature:		**Date:**	

SECTION II

RELOCATION EXPENSES

Do you request a home prospecting trip:	◯ Yes	◯ No

If yes, Who will make the trip:	Select Family Member	
Mode of transportation for home prospecting trip:	Select Mode:	
Local mode of transportation for home prospecting trip:	Select Mode:	

If mode of transportation for home prospecting trip is air, Please indicate estimated total:	

Do you request temporary quarters:	◯ Yes	◯ No

If yes, Number of days of occupancy:	
Select Type of Temporary Quarters Subsidize Expense requesting:	

NOTE: Your Travel Coordinator will send you the appropriate documents for the Temporary Quarters Subsidize Expense. If requested documents do not arrive via email, mail, or telephone please contact Ethel Dancy at 703-305-1601 or via email at Ethel.Dancy@usda.gov

REAL ESTATE EXPENSES

Do you have a home you will be selling:	◯ Yes	◯ No
If yes, What is the estimated selling price of your residence:		
Will you be purchasing a home at the new location:	◯ Yes	◯ No
Do you the use of Government Relocation Services Contractor:	◯ Yes	◯ No
What is the estimated closing cost in purchasing a home at the new location:		

Name of All Owners of Current Property	Percentage of Ownership	Immediate Family		Marital Status of Employee:
		◯ Yes	◯ No	
		◯ Yes	◯ No	
		◯ Yes	◯ No	