



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES (DOT&PF)

**CLAIM FOR PAYMENT
(OWNER RETENTION OF DWELLING)**

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Claim must be filed within 18 months after move is complete or claimant receives final payment for acquisition of the property, whichever is later. Relocation payments are not considered income for the purposes of state or federal income tax, personal or corporate ([49 CFR 24.209](#)).

PRINT OR TYPE ALL INFORMATION

Name of Claimant: _____

Claimant's Phone Number: _____

Address of Property Acquired by DOT&PF: _____

Address of Replacement Property: _____

Type of Occupancy Covered by this claim (see Page 2 of this form for rules):

Owner Occupant 90 days or more

Owner Occupant less than 90 days

Occupancy of Property acquired by DOT&PF: From (date) _____ To (date) _____

Duration of Occupancy: Years _____, Months _____, and Days _____

Date Claimant moved to Replacement Property _____

Controlling Dates:

(a) First written offer made _____

(b) Property vacated or final payment received _____

(c) Must occupy Replacement Housing by (not later than 12 months from date of displacement) _____

(d) Last day to file initial claim for payment (not later than 18 months from date of displacement) _____

Computation	Owner-Occupant 90 Days or more	Owner Occupant Less than 90 Days
(a) Retention Amount		
(b) Cost to move dwelling		
(c) Cost to acquire new site		
(d) Cost to restore to previous condition		
(e) Cost to make decent, safe, and sanitary		
(f) Miscellaneous		
(g) Total cost to relocate		
(h) Market value of acquired property		
(i) Amount of Claim [(g) - (h)]		
(\$31,000 max)		
(Housing of Last Resort)		

I hereby certify that the foregoing claim is just and correct, that the amount claimed is legally due, after allowing all just credits, that no part of the claim has been paid and that the housing I now occupy is my permanent place of residence and to the best of my knowledge decent, safe, and sanitary. I further certify that I am (check the one that applies):

a citizen of the United States

an alien lawfully present in the United States

There are _____ other family members who reside with me, as follows:

_____ are citizens of the United States

_____ are aliens lawfully present in the United States

_____ are illegal aliens

Date of Claim: _____

Claimant's signature: _____

INSPECTION REPORT

Inspection of the replacement unit was made on _____, 20____, and found to conform to the standards for a decent, safe, and sanitary dwelling. Payment of the claim is recommended.

Date: _____

Right-of-Way Agent's signature: _____

RULES

1. To qualify for the maximum of \$31,000 the Claimant must have owned and occupied the acquired dwelling for not less than 90 days. immediately prior to DOT&PF's first written offer to purchase the property.
2. Claimant must have relocated and occupied the retained dwelling, which must be decent, safe, and sanitary, within 12 months from the date they moved from the DOT&PF-acquired property or the date they received final payment for the acquired property, whichever is later.
3. This claim must be filed within 18 months of the date of move or the date Claimant received final payment for the acquired property, whichever is later.
4. The Claimant is required to furnish receipted bills or other justifiable evidence of all expenses incurred in support of this claim.