STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

CLAIM FOR PAYMENT
(REPLACEMENT HOUSING SUPPLEMENT)

PROJECT NAME: _________________________
STATE PROJECT #: _______________________
FEDERAL-AID PROJECT #: __________________
PARCEL #: ___________ UNIT #: __________

Claim must be filed within 18 months of date of move 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 (See 49 C.F.R. 24.209).

PRINT OR TYPE ALL INFORMATION

Name of Claimant: ____________________________________________________________________
Claimant’s Phone No.: _________________________________
Address of State-acquired Property _______________________________________________________
Address of Replacement Property: _______________________________________________________

Occupancy of State-acquired Property - From (date) ___________________ To (date) _________________
Duration of Occupancy: Years ______  Months ______  Days _______

Occupancy of Replacement Property:
Date Deed Recorded ________________  Recording District ________________ Book _____  Page _________
Date Claimant Moved In __________________

Controlling Dates
(a) First written offer made _____________________________________________________________
(b) Property vacated or final payment received ________________________________
(c) Must occupy replacement housing by (one year) ____________________________
(d) Last day to file initial claim for payment (18 months) ________________________

Computation of Payment:
(a) Amount of replacement housing supplement due: $ ____________________________
(b) Allowable incidental expenses (Attach 25A-R765): $ ____________________________
(c) Compensation for increased interest payments (Attach 25A-R765): $ _______________
(d) Amount of rent or replacement housing payment supplement previously claimed and paid: $ ____________________________
(e) TOTAL CLAIM: $ ____________________________

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 ________________, 2____, 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: ________________________________

25A-R760 (Rev 03/10/03)