STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

CLAIM FOR PAYMENT
(RENT 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: __________________________________________________________

Type of Occupancy Covered by this claim
☐ Home Owner Occupant   ☐ Dwelling Unit Tenant   ☐ Sleeping Room Tenant   ☐ Trailer Park Tenant

Occupancy of State-acquired Property - From (date) ___________________ To (date) _______________
Duration of Occupancy: Years ______  Months ______ Days _______
Date Claimant Moved Into Replacement Unit ______________________________

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) Maximum rent supplement:    $ ______
(b) Monthly rent of replacement housing   $ ______
   Less monthly rent of acquired dwelling  $ ______ x 42 = $ __________
(c) Payment is lesser of (a) or (b) $ ______

I hereby certify that the foregoing claim is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of same has been paid and 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 ______________________, 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: ______________________________