



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**DISPLACEMENT DWELLING
OCCUPANCY REPORT
(Residential)**

PROJECT NAME: _____
STATE PROJECT #: _____
FEDERAL-AID PROJECT #: _____
PARCEL #: _____ UNIT #: _____

Date of Inspection: _____
Owner's Name: _____
Occupant's Name: _____
Address: _____

OCCUPANT INTERVIEW

Children

Date occupant first occupied dwelling: _____ Size of Family: _____ Boys' ages: _____ Girls' ages: _____ No. bedrooms required: _____

Head of household

Male Female White Black Hispanic Alaska Native Asian Other _____

All occupants are U.S. citizens or aliens lawfully present in the United States (if not, explain under "Special Needs")

Annual Income: \$ _____ Monthly Rent: \$ _____ Furnished Unfurnished

Utilities	Monthly Amount	Utility Company	Meter Number
Heat:	\$ _____	_____	_____
Lights:	\$ _____	_____	_____
Water:	\$ _____	_____	_____
Sewer:	\$ _____	_____	_____

TOTAL UTILITIES: \$ _____

Type of verification documentation: _____
Occupant's place of employment and distance: _____
Occupant's plans for housing: _____

SPECIAL NEEDS: _____

_____ Blocks to Schools _____ Blocks to Commercial Facilities
_____ Blocks to Transportation Services _____ Blocks to Community Facilities

DWELLING INSPECTION

Single Family Multi-Family Mobile Home Density Other

Number of:

Amount of:

Habitable Rooms: _____ Bedrooms: _____ Bathrooms: _____ Habitable Floor Space: _____

Type of Construction: _____ Age: _____ Condition: _____

Basement: Yes No If yes, Finished Unfinished
Garage Yes No If yes, Carport Two Car One Car

Other Storage Areas:

Site Improvements: Paved Streets Curb Sidewalk

Total room count for basis of move: _____

Date: _____ Right-of-Way Agent's signature: _____