



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**RELOCATION
PARCEL REVIEW REPORT**

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

of families: _____

of businesses: _____

Total: _____

Name: _____

Address: _____

Type of Property: Residential Business Farm Nonprofit

Class of Occupancy: Owner Tenant

Date _____ _____ _____ _____ _____	Subject Dwelling Occupancy Report
	Claimant occupied property being acquired
	Initiation of Negotiations
	Notice of Eligibility
	Benefit Statement
	Affirmation and Request for Relocation Assistance or Agent's Affirmation of Presentation

Living Expense Claims

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Fixed Moving Expense and Dislocation Allowance – Residential only.
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Actual Moving Expenses and Dislocation Expenses with supporting documentation (bids, receipts, Agent's determination, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Fixed Payment In Lieu of Moving Expenses –Nonresidential only

Replacement Housing Payments

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Replacement Housing Payment / Downpayment (a) Copy of Deed (b) Copy of Closing Statement (c) Replacement Dwelling Inspection Report
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Payment – Rent Supplement (a) Replacement Dwelling Inspection Report (b) Copy of Rental / Lease Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Payment – Owner Retention (a) Replacement Dwelling Inspection Report

Date: _____ ROW Parcel Reviewer _____