



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**PROTECTIVE LEASE ANALYSIS**

PROJECT NAME: \_\_\_\_\_

STATE PROJECT #: \_\_\_\_\_

FEDERAL-AID PROJECT #: \_\_\_\_\_

PARCEL #: \_\_\_\_\_ UNIT #: \_\_\_\_\_

Date \_\_\_\_\_

Date of Initiation of Negotiations \_\_\_\_\_

Property Owner \_\_\_\_\_

Property address \_\_\_\_\_

Type of property \_\_\_\_\_

Number of rental units on premises \_\_\_\_\_

Vacant unit # \_\_\_\_\_ Number of rooms in vacant unit \_\_\_\_\_

Vacant unit current rental amount \$ \_\_\_\_\_

Estimated number of available comparable decent, safe, and sanitary replacement units \_\_\_\_\_

Estimated time until parcel is acquired \_\_\_\_\_

Unit rental amount X time until acquisition: Months \_\_\_\_\_ X Rental \$ \_\_\_\_\_ = Lease cost \$ \_\_\_\_\_

**Estimated Cost If Leased**

Lease cost (from above) \$ \_\_\_\_\_

**Estimated Potential Cost If Not Leased**

Estimate of moving cost (use moving schedule,  
Section 7.7.2) \$ \_\_\_\_\_

Estimate of potential last resort housing cost + \$ \_\_\_\_\_

Total potential cost \$ \_\_\_\_\_

Protective lease recommended:  Yes  No

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Acquisition Agent

\_\_\_\_\_  
Relocation Agent

Approved  Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
Regional Chief ROW Agent