



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

BENEFIT STATEMENT
(Occupant less than 90 days)

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Name _____

Address _____

The relocation brochure previously furnished to you contains information concerning the benefits to which you may be eligible under Title 34, Chapter 60, of the Alaska Statutes and Title 49 of the Code of Federal Regulations.

The Department has found that you are ineligible for a replacement housing supplement because you have not occupied your home for at least 90 days prior to the initiation of negotiations.

This ineligibility under the law does not prevent the State from reimbursing your moving costs if you are otherwise eligible (if you are a U.S. citizen or an alien who is lawfully present in the United States, or if you are an illegal alien who has proved that there would be exceptional and extremely unusual hardship to your spouse, parent, or child who is a U.S. citizen or lawful resident alien).

The Department will pay you \$ _____ as a payment for moving expenses on the schedule established in the relocation brochure. The Department will pay your moving expense after you vacate the premises. The Department also offers you the option of moving on the basis of actual costs, which the agent will explain to you.

The payments outlined above will be made by State of Alaska warrants. After you submit your claim, you should allow 30 days for delivery by certified mail.

The Department of Transportation and Public Facilities will assist you in finding replacement housing if you so desire.

Date presented

Right-of-Way Agent's Name

Agent's telephone number: _____