



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**CLAIM FOR FIXED MOVING  
EXPENSES AND DISLOCATION  
ALLOWANCE (RESIDENTIAL)**

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

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

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

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

Claim must be filed within 18 months after move is complete 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 CFR 24.209](#) and [AS 34.60.110](#)).

PLEASE PRINT OR TYPE INFORMATION

Name of Claimant: \_\_\_\_\_

Address moved from: \_\_\_\_\_

Address moved to: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_ Date of Move: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_  Unfurnished  Furnished

**NOTE: Room count must be confirmed by the Right-of-Way Agent before moving.** "Counted rooms" means space in a dwelling unit that contains the usual amount of household furniture, equipment, and personal property. It includes such space as a recreation room, living room, library, study, dining room, kitchen, laundry room, basement, bedroom, and garage. Rooms or storage areas that contain substantial amounts of personal property equivalent to one or more rooms may be counted as additional rooms.

Amount of Claim: (See Page 2 for appropriate schedule): \$ \_\_\_\_\_

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 the claim has been paid.

I further certify that I am a/an (check one):

citizen of the United States

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: \_\_\_\_\_

## WORKSHEET FOR FIXED RESIDENTIAL MOVING COSTS

See Note (pg. 1) defining “counted rooms” and [Alaska Right-of-Way Manual](#) Ch. 7 for further guidance.

<b>UNFURNISHED DWELLING WHERE RELOCATEE OWNS FURNITURE</b> <b>Effective 26 August 2021</b>	
1 room	\$850
2 rooms	\$1,100
3 rooms	\$1,350
4 rooms	\$1,625
5 rooms	\$1,875
6 rooms	\$2,075
7 rooms	\$2,300
8 rooms	\$2,500
Each additional room: _____ rooms at \$350 each: \$ _____	
<b>TOTAL \$ _____ (Insert as Amount of Claim on Page 1)</b>	

<b>SLEEPING ROOMS &amp; FURNISHED DWELLING</b> <b>WHERE RELOCATEE DOES NOT OWN FURNITURE</b> <b>Effective 26 August 2021</b>	
1 room	\$600
2 rooms	\$850
3 rooms	\$1,100
4 rooms	\$1,350
5 rooms	\$1,600
6 rooms	\$1,850
7 rooms	\$2,100
8 rooms	\$2,350
Each additional room: _____ rooms at \$250 each: \$ _____	
<b>TOTAL \$ _____ (Insert as Amount of Claim on Page 1)</b>	

<b>MOBILE HOMES AND HOUSE TRAILERS</b>
Use the appropriate schedule for furnished or unfurnished dwellings.

### INSPECTION REPORTS

Inspection of the subject property was made on \_\_\_\_\_, 2\_\_\_\_, and a reasonable room count of \_\_\_\_\_ rooms was determined.

**Date of Claim:** \_\_\_\_\_ **Right-of-Way Agent’s Signature:** \_\_\_\_\_

Reinspection of the subject property was made on \_\_\_\_\_, 2\_\_\_\_, and the property was found vacant. Payment of the above amount is recommended.

**Date of Claim:** \_\_\_\_\_ **Right-of-Way Agent’s Signature:** \_\_\_\_\_