



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

**CLAIM FOR PAYMENT
(RENT SUPPLEMENT)**

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

Claim must be filed within 18 months of date of move 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 C.F.R. 24.209).

PRINT OR TYPE ALL INFORMATION

Name of Claimant: _____
Claimant's Phone No.: _____
Address of State-acquired Property _____
Address of Replacement Property: _____

Type of Occupancy Covered by this claim

Home Owner Occupant Dwelling Unit Tenant Sleeping Room Tenant Trailer Park Tenant

Occupancy of State-acquired Property - From (date) _____ To (date) _____
Duration of Occupancy: Years _____ Months _____ Days _____
Date Claimant Moved Into Replacement Unit _____

Controlling Dates

(a) First written offer made _____
(b) Property vacated or final payment received _____
(c) Must occupy replacement housing by (one year) _____
(d) Last day to file initial claim for payment (18 months) _____

Computation of Payment

(a) Maximum rent supplement: \$ _____
(b) Monthly rent of replacement housing \$ _____
 Less monthly rent of acquired dwelling \$ _____ x 42 = \$ _____
(c) Payment is lesser of (a) or (b) \$ _____

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 same has been paid and the housing I now occupy is my permanent place of residence and to the best of my knowledge decent, safe and sanitary. I further certify that I am (check the one that applies):

a citizen of the United States an 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: _____

INSPECTION REPORT

Inspection of the replacement unit was made _____, 2_____, and found to conform to the standards for a decent, safe, and sanitary dwelling. Payment of the claim is recommended.

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