



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**CLAIM FOR PAYMENT  
(DOWN PAYMENT)**

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 down payment supplement \$ \_\_\_\_\_
- (b) Amount of down payment for replacement housing: \$ \_\_\_\_\_
- (c) Lesser of (a) or (b) \$ \_\_\_\_\_
- (d) Allowable incidental expenses (Attach 25A-R765): \$ \_\_\_\_\_
- (e) TOTAL amount of claim: (maximum \$5,250) \$ \_\_\_\_\_

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 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 on \_\_\_\_\_, 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: \_\_\_\_\_