



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**PAYMENT EVALUATION  
(REPLACEMENT HOUSING SUPPLEMENT)**

PROJECT NAME: \_\_\_\_\_  
STATE PROJECT #: \_\_\_\_\_  
FEDERAL-AID PROJECT #: \_\_\_\_\_  
PARCEL #: \_\_\_\_\_ UNIT #: \_\_\_\_\_

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

Address of Subject Property: \_\_\_\_\_

ITEMS OF COMPARISON	SUBJECT PROPERTY	Catalog No.	Catalog No.	Catalog No.
		COMPARABLE 1	COMPARABLE 2	COMPARABLE 3
Number of Rooms				
Number Bedrooms/Baths	/	/	/	/
Habitable Floor Space	sq. ft.	sq. ft.	sq. ft.	sq. ft.
Lot Size	sq. ft.	sq. ft.	sq. ft.	sq. ft.
Construction				
Age/Condition				
Type of Neighborhood (Same/Better)				
Public Service/Place of Employment (Same/Better)				
<b>Asking Price</b>	<b>(adjusted)</b>			

Which is the most comparable to the subject? \_\_\_\_\_

Remarks: \_\_\_\_\_

Approved Just Compensation \$ \_\_\_\_\_  
 - Value of Major Exterior Attribute (s) \$ \_\_\_\_\_  
 - Value of Improvements not Associated with Residence \$ \_\_\_\_\_  
 - Value of Excess Land \$ \_\_\_\_\_

Adjusted Estimate of Replacement Housing for the Subject \$ \_\_\_\_\_

All adjustments must be supported. They may be abstracted from the appraisal or reasonably estimated and supported. Attach to this form all calculations and support.

Price of comparable unit: \$ \_\_\_\_\_  
 Less appraised value (adjusted) of subject: (\$ \_\_\_\_\_)  
**AMOUNT OF SUPPLEMENTAL PAYMENT (maximum \$31,000)** \$ \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Title: \_\_\_\_\_