



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION
AND PUBLIC FACILITIES

BENEFIT STATEMENT
(Owner-Occupant of 180 days or more)

PROJECT NAME: _____

STATE PROJECT #: _____

FEDERAL-AID PROJECT #: _____

PARCEL #: _____ UNIT #: _____

Name _____

Address _____

The relocation brochure previously furnished to you contains information concerning the general 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. Under these laws, 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), you are eligible to receive the following payments:

\$ _____ as a maximum replacement housing supplement when you purchase and occupy decent, safe, and sanitary living quarters. The amount of the payment will be based on the actual cost of your replacement dwelling or the amount determined by the State as necessary to purchase a comparable dwelling, whichever is less. You may also be eligible to receive compensation for increased interest costs and incidental expenses of acquiring a replacement dwelling. You may receive a rent supplement payment if you would prefer to rent a decent, safe, and sanitary dwelling as outlined in the brochure.

\$ _____ as a payment for moving expenses if you move on the schedule as established in the relocation brochure. The State will pay these moving expenses after you vacate the premises.

You have the further option of moving on the basis of your actual expense, which the Right-of-Way Agent will explain to you.

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

The Alaska 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 _____