



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**RELOCATION  
PARCEL REVIEW REPORT**

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

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

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

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

# of families: \_\_\_\_\_

# of businesses: \_\_\_\_\_

Total: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Property:     Residential             Business             Farm             Nonprofit

Class of Occupancy:             Owner                             Tenant

**Date**  
\_\_\_\_\_  
Subject Dwelling Occupancy Report  
\_\_\_\_\_  
Claimant occupied property being acquired  
\_\_\_\_\_  
Initiation of Negotiations  
\_\_\_\_\_  
Notice of Eligibility  
\_\_\_\_\_  
Benefit Statement  
\_\_\_\_\_  
Affirmation and Request for Relocation Assistance  
or Agent's Affirmation of Presentation

**Living Expense Claims**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Fixed Moving Expense and Dislocation Allowance – Residential only.
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Actual Moving Expenses and Dislocation Expenses with supporting documentation (bids, receipts, Agent's determination, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Fixed Payment In Lieu of Moving Expenses –Nonresidential only

**Replacement Housing Payments**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Replacement Housing Payment / Downpayment (a) Copy of Deed (b) Copy of Closing Statement (c) Replacement Dwelling Inspection Report
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Payment – Rent Supplement (a) Replacement Dwelling Inspection Report (b) Copy of Rental / Lease Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Claim for Payment – Owner Retention (a) Replacement Dwelling Inspection Report

Date: \_\_\_\_\_ ROW Parcel Reviewer \_\_\_\_\_