



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)				
Asking Price	(adjusted)			

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: _____