

# CLAIM FOR PAYMENT - REPLACEMENT HOUSING SUPPLEMENT

North Dakota Department of Transportation, Design Division  
 SFN 10141 (Rev. 01-2003)

TO: Design Division North Dakota Department of Transportation 608 East Boulevard Avenue Bismarck, North Dakota 58505-0700				PROJECT NO:	
				COUNTY:	
				PARCEL NO:	
Full Name of Claimant				Claimant's Phone Number	
Address of State-acquired Property				Address of Replacement Property	
<b>OCCUPANCY OF STATE-ACQUIRED PROPERTY</b>				<b>OCCUPANCY OF REPLACEMENT PROPERTY</b>	
From (date)		To (date)		Date Deed Recorded	County
<b>Duration of Occupancy</b>				<b>Book</b>	<b>Page</b>
Years	Months	Days		<b>Date Claimant Moved In</b>	
Owner-Occupant for 180 Days or More			Owner-Occupant for Less Than 180 Days But Not Less Than 90 Days		
<b>CONTROLLING DATES</b>				<b>COMPUTATION OF AMOUNT OF PAYMENT</b>	
	<b>Month</b>	<b>Day</b>	<b>Year</b>		
First written offer				(a) Price of comparable dwelling.	\$ _____
Vacated on				(b) Price paid by state for acquired property.	\$ _____
Must occupy replacement before				(c) Rent supplement previously claimed and paid.	\$ _____
Last day to file claim				(d) Amount due under this claim.	\$ _____

I certify, that to the best of my knowledge and belief, the above-described replacement property meets the standards for decent, safe, and sanitary housing established by the Federal Highway Administration.

\_\_\_\_\_  
DATE OF CLAIM

\_\_\_\_\_  
CLAIMANT'S NAME (TYPE OR PRINT)

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

\_\_\_\_\_  
CLAIMANT'S NAME (TYPE OR PRINT)

\_\_\_\_\_  
CLAIMANT'S SIGNATURE

Amount approved for payment \$ \_\_\_\_\_

\_\_\_\_\_  
RELOCATION OFFICER (TYPE OR PRINT)

\_\_\_\_\_  
DATE APPROVED

\_\_\_\_\_  
SIGNATURE