

# CLAIM FOR PAYMENT-REPLACEMENT HOUSING SUPPLEMENT

North Dakota Department of Transportation, Environmental & Transportation Services  
SFN 10141 (9-2016)

Project Control Number	Project Number	Primary Parcel Number	
Additional Parcel(s)			
Full Name of Displaced Person(s)			
Address of NDDOT-Acquired Property	City	State	ZIP Code
Address of Replacement Property	City	State	ZIP Code

## OCCUPANCY OF NDDOT-ACQUIRED PROPERTY

From Date	To Date	
<b>Duration of Occupancy</b>		
Years	Months	Days

## Owner-Occupant of Not Less Than 90 Days

Controlling Dates	Month	Day	Year	Computation of Amount of Payment	
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	

Date of Claim	
Displaced Person Signature	Date
Displaced Person Signature	Date

Amount approved for payment	
North Dakota Department of Transportation Representative	Date