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12-19-2005

## **Residential Incidental Expenses Claim (Form RA-53), December 19, 2005**

Maine Department of Transportation

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Municipality:  
Pcl.:  
Displacee:  
Mailing Address:

PIN:  
Unit:

Project No.:  
Phone: (H)  
(W)  
(Cell)

### RA-53 RESIDENTIAL INCIDENTAL EXPENSES CLAIM

Check one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Owner-occupant for 180 days or more;                   | <input type="checkbox"/> Tenant-occupant for 90 days or more;                  |
| <input type="checkbox"/> Owner-occupant for 90 days to 179 days;                | <input type="checkbox"/> Tenant-occupant of sleeping room for 90 days or more; |
| <input type="checkbox"/> Owner-occupant of mobile home for 180 days or more;    | <input type="checkbox"/> Tenant of mobile home for 90 days or more.            |
| <input type="checkbox"/> Owner-occupant of mobile home for 90 days to 179 days; |  |

<u>Itemized Claims Description</u>	<u>Amount</u>
Total of actual incidental expenses claimed.	

Recording Data: Book \_\_\_\_\_ Page \_\_\_\_\_. Date displacee vacated State acquired property \_\_\_\_\_  
Date displacee occupied replacement property \_\_\_\_\_

**I/we make this application for reimbursement of actual cost(s) incurred incident to the purchase of replacement residential property and attest to the accuracy of the costs claimed and the occupancy status indicated above. The attached documents support the validity and amounts of the claim.**

Dated: \_\_\_\_\_  
Occupant  
Occupant

I certify the above facts to be true to the best of my knowledge and belief. Payment of the amount set forth is recommended.

Dated: \_\_\_\_\_  
Relocation Assistance Specialist

Approved for Payment Dated: \_\_\_\_\_  
Manager, Relocation Assistance

Date Payment Made: \_\_\_\_\_