|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COUNTY** | | **ITEM NO.** | | | | **PARCEL** | | | | **NAME** | | | | | | | | | | |
|  | |  | | | |  | | | |  | | | | | | | | | | |
| **PROJECT NO.** | | **FEDERAL NUMBER.** | | | | | | | | **PROJECT** | | | | | | | | | | |
|  | |  | | | | | | | |  | | | | | | | | | | |
| Replacement property address: | | |  | | | | | | | | | | | | | | | | | |
| REPLACEMENT HOUSING INSPECTION | | | | | | | | | | | | | | | | | | | | |
| Type of Replacement Property | | | | | Type of Water Supply | | | | | | | | | No. Occupants -Adult | | No. Children | | | Total No. | |
| SFR  DUP  APT  MH  OTHER | | | | | PUBLIC  CISTERN  WELL | | | | | | | | | M | F | M | | F |  | |
| Purchase Price or Monthly Rent & Utilities | | | | Size of Lot | | | Typical Size Lot in Area | | | | | | Size of Dwelling | | No. Stories | | No. Rooms / Bedrooms / Baths | | | |
|  | | | |  | | |  | | | | | |  | |  | |  | | | |
|  | | | | | | | | YES | NO | |  | | | | | | | | YES | NO |
| 1. Safe ingress and egress | | | | | | | |  |  | | 7. Bathroom*(s)* | | | | | | | |  |  |
| 1. If 3 or more stories, does each story have 2 exits from a common corridor | | | | | | | |  |  | | 1. Plumbing in good working order for water supply and sewage system | | | | | | | |  |  |
| 1. Are there any barriers to a handicapped displacee | | | | | | | |  |  | | 1. Privacy for users | | | | | | | |  |  |
| 1. Structurally sound | | | | | | | |  |  | | 1. Fully functional sink *(basin)* | | | | | | | |  |  |
| 1. Weather tight | | | | | | | |  |  | | 1. Fully functional flush toilet | | | | | | | |  |  |
| 6. Kitchen  a. Separate room or area for kitchen use | | | | | | | |  |  | | 1. Fully functional bathtub or shower stall | | | | | | | |  |  |
| b. Sink in good working order | | | | | | | |  |  | | 1. Separate room, properly lighted and ventilated | | | | | | | |  |  |
| c. Proper connection to sewage system | | | | | | | |  |  | | 8. Adequate number of bedrooms | | | | | | | |  |  |
| d. Proper connection to potable hot/cold water | | | | | | | |  |  | | 9. Adequate heating | | | | | | | |  |  |
| e. Range *(stove)* space with utility connections | | | | | | | |  |  | | 10. Safe & adequate electrical system | | | | | | | |  |  |
| f. Refrigerator space with utility connections | | | | | | | |  |  | | 11. In good repair | | | | | | | |  |  |
| Indicate which, if any, of the above items do not apply to this dwelling: | | | | | | | | | | | |  | | | | | | | | |
| I,  relocation agent, have inspected the proposed replacement property to determine if this property will qualify the displacee to receive a replacement housing payment. TO THE BEST OF MY KNOWLEDGE AND BELIEF, this property  **MEETS**  **DOES NOT MEET** replacement housing standards. | | | | | | | | | | | | | | | | | | | | |
| ***REMARKS:*** | | | | | | | | | | | | | | | | | | | | |
| Photo of replacement dwelling |  | | | | | | | | | | | | | | | | | | | |