



**DS&S INSPECTION REPORT**

<b>COUNTY</b>	<b>ITEM NO.</b>	<b>PARCEL</b>	<b>NAME</b>
<b>PROJECT NO.</b>	<b>FEDERAL NUMBER.</b>		<b>PROJECT</b>

Replacement property address: \_\_\_\_\_

**REPLACEMENT HOUSING INSPECTION**

Type of Replacement Property		Type of Water Supply			No. Occupants -Adult		No. Children		Total No.			
<input type="checkbox"/> SFR	<input type="checkbox"/> DUP	<input type="checkbox"/> APT	<input type="checkbox"/> MH	<input type="checkbox"/> OTHER	<input type="checkbox"/> PUBLIC	<input type="checkbox"/> CISTERN	<input type="checkbox"/> 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				<input type="checkbox"/>	<input type="checkbox"/>	7. Bathroom(s)						
2. If 3 or more stories, does each story have 2 exits from a common corridor				<input type="checkbox"/>	<input type="checkbox"/>	a. Plumbing in good working order for water supply and sewage system				<input type="checkbox"/>	<input type="checkbox"/>	
3. Are there any barriers to a handicapped displacee				<input type="checkbox"/>	<input type="checkbox"/>	b. Privacy for users				<input type="checkbox"/>	<input type="checkbox"/>	
4. Structurally sound				<input type="checkbox"/>	<input type="checkbox"/>	c. Fully functional sink ( <i>basin</i> )				<input type="checkbox"/>	<input type="checkbox"/>	
5. Weather tight				<input type="checkbox"/>	<input type="checkbox"/>	d. Fully functional flush toilet				<input type="checkbox"/>	<input type="checkbox"/>	
6. Kitchen						e. Fully functional bathtub or shower stall				<input type="checkbox"/>	<input type="checkbox"/>	
a. Separate room or area for kitchen use				<input type="checkbox"/>	<input type="checkbox"/>	f. Separate room, properly lighted and ventilated				<input type="checkbox"/>	<input type="checkbox"/>	
b. Sink in good working order				<input type="checkbox"/>	<input type="checkbox"/>	8. Adequate number of bedrooms				<input type="checkbox"/>	<input type="checkbox"/>	
c. Proper connection to sewage system				<input type="checkbox"/>	<input type="checkbox"/>	9. Adequate heating				<input type="checkbox"/>	<input type="checkbox"/>	
d. Proper connection to potable hot/cold water				<input type="checkbox"/>	<input type="checkbox"/>	10. Safe & adequate electrical system				<input type="checkbox"/>	<input type="checkbox"/>	
e. Range ( <i>stove</i> ) space with utility connections				<input type="checkbox"/>	<input type="checkbox"/>	11. In good repair				<input type="checkbox"/>	<input type="checkbox"/>	
f. Refrigerator space with utility connections				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

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:**  
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