|  |  |  |  |
| --- | --- | --- | --- |
| **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. Kitchena. 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 |  |