

DS&S INSPECTION REPORT

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.			
<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:

Photo of replacement dwelling

