



**INSPECTION CERTIFICATION: RELOCATION DWELLING
DECENT, SAFE AND SANITARY (DSS)**
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62115 (08/24)

Project Name		Contract Number	
Relocation Case Number (if applicable)		<input type="checkbox"/> 180 Day Owner	<input type="checkbox"/> 90 Day Occupant
Acquisition Parcel Number (if applicable)		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Names of Displaced Occupants			
Displacement from Dwelling Address		City	State ZIP Code
Unit Number		Telephone Number	
Replacement to Dwelling Address		City	State ZIP Code
Unit Number	Telephone Number	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Replacement Dwelling Type <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel Room/Dorm <input type="checkbox"/> Condo/Co-op <input type="checkbox"/> Mobile Home			

INSPECTION REPORT

Does the replacement dwelling conform with the following standards for DSS Housing?

DSS Standard/Criterion	Yes	No	N/A
Conforms to all local housing and occupancy codes? (Is adequate in size with respect to the number of rooms and area of living space to accommodate the displaced person(s). Number of persons occupying each habitable room used for sleeping purposes shall not exceed that permitted by local housing codes.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Size	Number of Bedrooms		
Structurally sound, weather tight, and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contains a heating (HVAC) system able to maintain 70° Fahrenheit in living area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate, safe electrical wiring system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom facilities: Separate, well lighted & ventilated, sink, bathtub/shower, and toilet? (private, hot/cold water to sink, shower/tub, sewer connection, flush toilet water closet – all in working order.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen facilities conform to DSS standards? (hot/cold water to sink, connected to sewer, range/ stove and refrigerator space & utility connections, all in working order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has adequate unobstructed access/ egress to safe, open space at ground level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can property accommodate a disabled person, free of barriers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," describe improvements needed to eliminate property barriers to free ingress, egress, or use of property as required to accommodate disabled person(s) prior to occupancy			

CERTIFICATION

<input type="checkbox"/> I certify, to the best of my knowledge, based on visual inspection of the property, the replacement dwelling meets the standards for decent, safe, and sanitary housing, both according to local housing codes and in 49 CFR Part 24 for federally assisted projects.
<input type="checkbox"/> I certify that the dwelling <i>does not presently conform</i> to DSS requirements but can conform by accomplishing the following modifications prior to purchase and occupancy. (attach pages if necessary.)

Inspector Name	Inspector Signature	Date
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