|  |  |
| --- | --- |
| **Project Title:**       | **Parcel No.:**       |
| **Displaced Person(s):**       | **Displacee No.:**       |
| **Address of Replacement Dwelling:**       |

Replacement Housing Inspection

|  |  |
| --- | --- |
| Dwelling Type **[ ]**  Single Family **[ ]**  Apt. **[ ]**  RV **[ ]**  Duplex **[ ]**  Mobile Home **[ ]**  Other       | Number of Occupants |
| Adult Male | Adult Female | Child Male | Child Female |
|       |       |       |       |
| Total Sq Ft.      | No. Rooms      | No. Bedrooms      | Type of Water Supply\***[ ]**  Private Well **[ ]**  City **[ ]**  Community Well | Purchase Price/Monthly Rent$       |
|  | Yes | No  |  | Yes | No |
| 1. Structurally Sound2. Safe and Adequate Electrical System3. Weather Tight4. Adequate Heating (turn on furnace)5. Safe Ingress and Egress6. In Good Repair7. Adequate Number of Rooms8. Barriers to Handicapped (if applicable)9. If 3 or more stories, does each story have 2 exits from a common corridor10. Kitchen1. Separate room or area for kitchen use
2. Sink in good working order
3. Proper connection to sewage system
 | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | 1. Proper connection to potable hot & cold water
2. Range (stove) space with utility connections
3. Refrigerator space with utility connections

11. Bathroom(s)1. Separate room properly lighted and ventilated
2. Fully functional sink (basin)
3. Privacy for users
4. Fully functional flush toilet
5. Fully functional bathtub or shower stall
6. Plumbing in good working order for water supply and sewage system

12. Dwelling meets applicable housing and occupancy codes (in project file) | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |

**\*Note:** If community well, indicate when last water test was done under “Remarks” or if private well, attach a copy of the Health Department water test results to report.

I, the undersigned, have inspected the replacement dwelling at the address shown above. The inspection was made to determine if the dwelling qualifies the Displacee to receive a replacement housing payment. **Photograph(s) of the replacement dwelling is attached hereto.**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, this dwelling **[ ]**  MEETS **[ ]**  DOES NOT MEET WSDOT’s standards for qualified replacement housing.

**Remarks:**

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Relocation Specialist Date

**Displaced Person’s Disclaimer Statement**

I understand the requirements for replacement housing and certify to the best of my knowledge that the above property meets said requirements. I further understand that the statements, finding, decisions and conclusions appearing in the foregoing are made solely for the purposes of determining my eligibility for payments for replacement housing and are not intended to be, nor do they constitute, warrants or guarantees by the State of Washington, or the Washington State Department of Transportation that said replacement dwelling is free from defects. The DSS inspection does not take the place of a professional home inspection.

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Displaced Person Date