

RELOCATION DWELLING CERTIFICATION

Development Name:	GA ID:
Names of Relocated/Displaced Occupants: Email: Phone:	Displacement (from) Dwelling Address (+ unit #) Household Size _____ # Bedrooms _____
Replacement Dwelling Type: <input type="checkbox"/> Apartment <input type="checkbox"/> Single Family <input type="checkbox"/> Condo/Co-op <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel Room/Dorm	Replacement (to) Dwelling Address (+ unit #): Household Size _____ # Bedrooms _____ <input type="checkbox"/> Owned <input type="checkbox"/> Rented

Certification

- The replacement dwelling meets the definition of Decent, Safe and Sanitary (DSS) Housing and has been inspected using industry housing inspection standards such as The Uniform Physical Condition Standards or Housing Quality Standards (HQS).
- The replacement housing will not meet the requirements of DSS Housing and industry housing inspection standards until the following violations are corrected (Attach Supporting Documents):

The unit will be reinspected on _____

Print Name _____ Signature _____ Date _____

Reinspection Conclusions

- I certify all violations were corrected and the dwelling meets the definition of Decent, Safe and Sanitary (DSS) Housing and has been inspected using industry housing inspection standards such as The Uniform Physical Condition Standards or Housing Quality Standards (HQS).
- The replacement dwelling failed to meet the definition of Decent, Safe and Sanitary Housing (DSS).

Print Name _____ Signature _____ Date _____