

CERTIFICATION: Decent, Safe, and Sanitary Relocation Dwelling

Development Name:	Application ID:
Names of Displaced Occupants: Email: _____	Relocation Case No. (if applicable): _____ <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> 180 Day Owner <input type="checkbox"/> 90 Day Occupant </div>
Displacement (from) Dwelling Address (+ unit #) Household Size ____ # Bedrooms ____ Phone: _____	Acquisition Parcel No. (if applicable) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Owned <input type="checkbox"/> Rented </div>
Replacement (to) Dwelling Address (+ unit #): Household Size ____ # Bedrooms ____ Phone: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Owned <input type="checkbox"/> Rented </div>	Replacement Dwelling Type: <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> Apartment <input type="checkbox"/> Single Family <input type="checkbox"/> Condo/Co-op </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel Room/Dorm ID/Tag No.: _____ </div>

- | | Y | N | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. 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"/> |
| 2. Structurally sound, weather tight, and in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Contains a heating (HVAC) system able to maintain 70° Fahrenheit in living area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Adequate, safe electrical wiring system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Bathroom facilities conform to DSS Standards? (Separate, well lighted & ventilated that contains a sink, bathtub /shower, and toilet all in good working order and properly connected to appropriate sources of water and to a sewage drainage system) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Kitchen facilities conform to DSS standards? (contains a fully usable sink, properly connected to potable hot and cold water and to a sewage drainage system, and adequate space and utility service connections for a stove and refrigerator) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has adequate unobstructed access/ egress to safe, open space at ground level? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Can property accommodate a disabled person, free of barriers? If “No,” describe improvements needed to eliminate property barriers to free ingress, egress, or use of the dwelling by such disabled person. Reasonable accommodation is based on displaced persons’ need (Appendix A, 49 CFR 24.2(a)(8)(vii)). | <input type="checkbox"/> | <input type="checkbox"/> | <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, both according to local housing codes and in 49 CFR Part 24 for federally assisted projects.
- ☐ I certify that the dwelling does not presently conform to decent, safe, and sanitary requirements, but can conform by accomplishing the following modifications prior to occupancy: (Attach pages if necessary.)

INSPECTOR/AGENT

Print name:

Signature:

Date: