

INDIANA DEPARTMENT OF TRANSPORTATION, REAL ESTATE DIVISION, RELOCATION UNIT
INSPECTION CHECK LIST FOR DECENT, SAFE, AND SANITARY HOUSING

Displacee Name _____ Project _____

Address Inspected _____ Parcel _____ Code _____

Persons who plan to occupy this property: Adults: () Male () Female

Children: () Male, ages _____ () Female, ages _____

Total Occupants _____ **Type of Residence** _____

of Rooms _____ # of Bedrooms _____ . Total (gross) sq. ft. _____

Kitchen area contains:

- a. sink in good working condition
- b. sink connected to hot / cold water
- c. sewage connections
- d. utility service connections
- e. space for installing appliances
- f. adequate potable water

YES	NO

Bathrooms contain:

- a. well lighted
- b. ventilated
- c. tub or shower
- d. lavatory
- e. hot & cold water
- f. flush water closet
- g. sewage connections
- h. affords privacy

YES	NO

Structurally Sound and Weather tight

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State of Repair: **ACCEPTABLE UNACCEPTABLE** Adequate and Safe Wiring System: **YES NO**

Adequate Heating System: **YES NO** (For handicapped displacees, free of barriers which would preclude reasonable ingress, egress, or use of the dwelling: **YES NO N/A**)

Safe, unobstructed egress in compliance with existing regulations: **YES NO**

Meets State and Local Housing and Occupancy Codes: **YES NO**

I have inspected this dwelling and, to the best of my knowledge, it **MEETS FAILS** the requirements for decent, safe, and sanitary housing in accordance with applicable State and Federal relocation regulations. **NOTE:** A decent, safe, and sanitary inspection of a replacement dwelling is for the **sole purpose of determining the eligibility** for a relocation payment. **DO NOT** interpret the inspection as an assurance or guarantee that there are no deficiencies in the dwelling or in its fixtures and equipment, which may be discovered at a later date. INDOT assumes no responsibility or blame if structural, mechanical, legal, or other unforeseen problems are discovered later.

Date

Relocation Specialist

Date

Displacee

List of deficiencies: _____

Deficiencies are correctable: **YES NO** Date deficiencies were corrected : _____

Displacee

Relocation Specialist