DECENT, SAFE AND SANITARY
INSPECTION CERTIFICATION

Wisconsin Department of Transportation
RE1950 10/2019

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Owner/Tenant
Replacement Property Address

Asking Price: $0.00
Selling Price
Monthly Rental Rate

<table>
<thead>
<tr>
<th>TYPE OF REPLACEMENT</th>
<th>NUMBER OF OCCUPANTS</th>
<th>LIVING AREA AND ROOM COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Family Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apartment</td>
<td>No. Male Adults</td>
<td>No. Female Adults</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Living Room SF</td>
</tr>
<tr>
<td>Duplex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Home</td>
<td>No. Male Children</td>
<td>No. Female Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dining Room SF</td>
</tr>
<tr>
<td>Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Total Number of Occupants</td>
<td>Family Room SF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dwelling (Brick, Frame, etc.)</td>
<td>Condition</td>
<td>Rooms Needed for Occupants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kitchen SF</td>
</tr>
<tr>
<td>Approx. Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type of Neighborhood</td>
<td>D.S.S. Area Required</td>
</tr>
</tbody>
</table>

PHYSICAL STANDARDS – Based on Visual Inspection

1. **Structure**
   - Foundation, exterior walls, and roof structurally sound, reasonably weather-tight, rodent proof and in good state of maintenance & repair.
   - Interior and exterior stairs and porches are adequate, safe and in good state of repair.
   - Interior walls, ceilings and floors in good state of repair.
   - Dwelling has adequate number of unobstructed means of egress.

2. **Heating**
   - Space    Central
   - Is adequate, safe and in good working order.

3. **Electrical**
   - Electric service is adequate, safe and in good state of repair.

4. **Plumbing**
   - Has continuing and adequate supply of drinkable water.
   - Fixtures in good state of repair and maintenance.
   - Sewage system is adequate and in good working order.

5. **Kitchen**
   - For exclusive use of household.
   - Sink connected to hot and cold running water.
   - Space for stove and refrigerator with necessary service hookups.
   - If provided, stove and refrigerator in good working order.

6. **Bath**
   - For exclusive use of household and offers user privacy.
   - Lavatory, tub or shower connected to hot and cold running water.
   - Adequate ventilation (operable window or exhaust fan).
   - Access is not through a sleeping room.

7. **Light and Ventilation**
   - All habitable rooms have adequate light and ventilation.
   - Windows in good state of repair and maintenance.

8. **Premises**
   - Free from adverse environmental effects and conditions constituting a fire, health or safety hazard.

MOBILE HOME DATA

<table>
<thead>
<tr>
<th>Manufacturer &amp; Model Year</th>
<th>Size: Length X Width = Habitable Area = Sq. Ft.</th>
<th>D.S.S. Area Required for Occupants</th>
</tr>
</thead>
</table>

SLEEPING ROOM DATA

<table>
<thead>
<tr>
<th>Has lockable door, if bathroom facilities are separate.</th>
<th>Habitable Floor Space</th>
<th>D.S.S. Area Required for Occupants</th>
</tr>
</thead>
</table>

ATTACH PHOTOGRAPH TO FORM and/or ATTACH SKETCH OF FLOOR PLAN TO REVERSE

Comments:

This dwelling does / does not meet the requirements for decent, safe and sanitary housing in accordance with existing standards.

By (Provide Signature: Do Not Print) Company/Title Date