INSERT DATE

INSERT DISPLACEE NAME

INSERT DISPLACEE ADDRESS

**Relocation Assistance Program**

**Notification of Professional Home Inspection**

Project Title: INSERT PROJECT NAME

Parcel No.: INSERT PARCEL NO.

Displacee No.: INSERT DISPLACEE NO.

Dear INSERT DISPLACEE NAME:

On INSERT DATE, you were provided with a notice of your maximum Replacement Housing Payment. You informed the INSERT AGENCY NAME (Agency) that you intend to purchase a home located at INSERT ADDRESS. The purpose of this letter is to advise you to obtain a professional home inspection on the property you wish to purchase. The cost associated with a professional home inspection is a reimbursable expense. However, for tenants, this amount will be deducted from your approved Rent Supplement amount. If you wish, the Agency can pay for the inspection on your behalf directly to the home inspector.

By choosing not to receive a professional home inspection you are assuming an element of risk. Many home defects go unseen to the untrained eye; examples include dry-rot, pests, failed or failing windows and siding, and many more. The Decent, Safe, and Sanitary (DSS) inspection performed by the Agency only provides that the home meets the Agency’s standards for qualified replacement housing and is no substitute for a professional home inspection. The DSS inspection performed by the Agency is not intended to be, nor constitute, warrant or guarantee by the Agency that the replacement property is free from defects.

Please feel free to contact your relocation specialist with any questions you may have.

Sincerely,

INSERT SPECIALIST'S NAME

Relocation Specialist

INSERT AGENCY NAME

INSERT SPECIALIST'S ADDRESS

INSERT SPECIALIST'S PHONE NO. AND FAX NO.

INSERT SPECIALIST'S EMAIL ADDRESS

INSERT SPECIALIST'S EMAIL ADDRESS