# Housing Condition Worksheet

Date: _____
Evaluator: ______________________

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Tax Lot #: __________
Street Address: ____________________
Zip: _______________

## Construction Status (circle one)
1. New Construction
2. Rehab Construction
3. No Construction

## Construction Type (circle one)
1. Wood
2. Brick
3. Stone
4. Stucco
5. Other

## Household Type circle (one)
1. Single Family
2. Multi-family
3. Apartment Building

## Type of Parking circle (one)
1. Street Parking
2. Driveway
3. Driveway with Garage
4. Yard
5. Other

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### Elements of Residence
(Criteria based off of Element Evaluation Matrix)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Observed</th>
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<tbody>
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</table>

- Foundation
- Stairs, Rails, Porches
- Roof, Gutter, Downspout, Chimney
- Exterior Surfaces
- Windows, Doors
- Driveways
- Sidewalk
- Landscape

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Notes:

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Number of Floors:
Number of Additional Usable Structures:
Number of Additional Unusable Structures: