Date:	Housing Condition Worksheet
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 Number of Floors:	Date:
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5. Other Number of Floors:	3. Driveway with Garage
Number of Floors:	4. Yard
	5. Other
	Number of Floors:
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Structures:	
Number of Additional Unusable	

Structures:

Elements of		Observed	
Residence (Criteria based off of Element Evaluation Matrix)	Rating	Yes	No
Foundation			
Stairs, Rails, Porches			
Roof, Gutter, Downspout, Chimney			
Exterior Surfaces			
Windows, Doors			
Driveways			
Sidewalk		·	
Landscape			