

# Housing Condition Worksheet

Date: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_

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:

Number of Additional Usable Structures:

Number of Additional Unusable Structures:

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

Notes: