



PLANNING & DEVELOPMENT SERVICES  
COMPREHENSIVE HOUSING REHABILITATION PROGRAM  
ASSESSMENT

1. Homeowner \_\_\_\_\_  
Homeowner \_\_\_\_\_
2. Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_
3. Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_
4. Today's Date \_\_\_\_\_
5. Age of head of household? \_\_\_\_\_
6. Is this a single head of household? YES \_\_\_\_\_ NO \_\_\_\_\_
7. Is the head of the household male? \_\_\_\_\_ female? \_\_\_\_\_
8. Are you owner occupant of this residence? \_\_\_\_\_ how long? \_\_\_\_\_
9. What is your total gross family income? \_\_\_\_\_
10. How many people live in the home? \_\_\_\_\_
11. How did you hear about this Program?  Newspaper  T.V.  Radio  Other \_\_\_\_\_

Return this form to the  
Office of Development Services,  
City of Lawrence  
1 Riverfront Plaza, Level 1, Suite 110,  
P.O. Box 708, Lawrence, Kansas, 66044  
Telephone: (785) 832-7700  
Telecommunications Device for the Deaf: (785) 832-3205

ASSESSMENTS DUE  
CLOSE OF BUSINESS  
MARCH 1, 2010

## PROPERTY SELF EVALUATION

### 1. ROOF



- a. Is it: Flat? \_\_\_\_\_ Gabled? \_\_\_\_\_ Shed? \_\_\_\_\_
- b. How long has it been since major repairs were made? \_\_\_\_\_
- c. Is the roof: Excellent? \_\_\_\_\_ Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_
- d. Are there any leaks at this time? \_\_\_\_\_

### 2. FOUNDATION

- a. Is it made of Concrete Block? \_\_\_\_\_ Stone? \_\_\_\_\_ Concrete? \_\_\_\_\_
- b. Do you have a Basement? \_\_\_\_\_ Crawlspace? \_\_\_\_\_ Concrete Pad? \_\_\_\_\_
- c. Does your basement leak? Yes \_\_\_\_\_ No \_\_\_\_\_ A little? \_\_\_\_\_ Collapsing? \_\_\_\_\_

### 3. PLUMBING

- a. Is your water pressure: Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_
- b. Does your sewer back up: Frequently? \_\_\_\_\_ Sometimes? \_\_\_\_\_ Never? \_\_\_\_\_
- c. Do you have the following fixtures? Does at least one Work properly? Describe the condition Good, Fair, or Poor.

	Yes	No	Yes	No	
Toilet Stool	Yes	No	Yes	No	_____
Bathroom Sink	Yes	No	Yes	No	_____
Kitchen Sink	Yes	No	Yes	No	_____
Shower	Yes	No	Yes	No	_____
Tub	Yes	No	Yes	No	_____
Hot Water Tank	Yes	No	Yes	No	_____
Sump Pump	Yes	No	Yes	No	_____

- d. Are you connected to city water? Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Are you connected to city sewer? Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Are you having any problems with natural gas supply? Yes \_\_\_\_\_ No \_\_\_\_\_
- g. Is the overall condition of your plumbing system:  
Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_
- h. Do the pipes freeze in the winter: Often? \_\_\_\_\_ Seldom? \_\_\_\_\_ Never? \_\_\_\_\_

4. HEATING

- a. How many rooms are there in your home? \_\_\_\_\_
- b. How many of the rooms are presently heated? \_\_\_\_\_
- c. Do you think the heating system in your home is adequate? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Check each of the following types of heating methods, which you now use:  
Floor furnace \_\_\_\_\_ Wall furnace \_\_\_\_\_ Central Heat \_\_\_\_\_  
Small Gas Room Heaters \_\_\_\_\_ Portable Electric Heater \_\_\_\_\_  
Wood Burning Heater \_\_\_\_\_ Steam Heat \_\_\_\_\_ Kitchen Range \_\_\_\_\_
- e. How do you heat your bathroom? \_\_\_\_\_
- f. If you use gas room heaters, how many do you use? \_\_\_\_\_

5. WIRING

- a. Do you have any dangerous wiring? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
- b. Does your electrical system properly meet your needs? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Do your fuses blow out: Often? \_\_\_\_\_ Sometimes? \_\_\_\_\_ Never? \_\_\_\_\_
- d. How many fixtures and appliances are plugged into extension cords? \_\_\_\_\_

6. Is the condition of your kitchen floors, walls, cabinets, and ceiling:

Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_

7. Is the condition of your bathroom floors, walls, and ceiling:

Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_

8. SIDING

a. Is the condition of the siding material:

Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_

b. Does the siding need painting:

Immediately? \_\_\_\_\_ Soon? \_\_\_\_\_ Much later? \_\_\_\_\_

