



City of Lawrence

PLANNING & DEVELOPMENT SERVICES

1 Riverfront Plaza, Suite 320
P.O. Box 708
Lawrence, KS 66044

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Phone 785-832-7700
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PLANNING & DEVELOPMENT SERVICES CDBG COMPREHENSIVE HOUSING REHABILITATION PROGRAM HOMEOWNER ASSESSMENT FORM

Please answer all the questions as completely and accurately as possible and return all the pages to our office by the date listed at the bottom of this page.

1. Date: _____
2. Homeowner Name: _____
Co-owner: _____
3. Address: _____ Zip Code: _____
4. Email address: _____
5. Telephone (best): _____ home/work/cell (2nd): _____ home/work/cell
6. Are you the owner-occupant of this residence: _____ How long: _____
7. What is your total gross family income (2018 IRS Form 1040 line 6): _____
8. How many people live in the home: _____ Their ages: _____
9. How did you hear about this Program: Newspaper T.V. Radio City Website
 Twitter Facebook Word of Mouth Other: _____

Return this form to:

Planning and Development Services

1 Riverfront Plaza, Suite 320

P.O. Box 708, Lawrence, Kansas, 66044

Telephone: (785) 832-7700

Telecommunications Device for the Deaf: (785) 832-3205

ASSESSMENTS DUE BY
CLOSE OF BUSINESS:

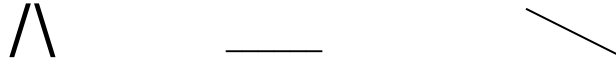
MAY 31, 2019



We are committed to providing excellent city services that enhance the quality of life for the Lawrence Community

PROPERTY SELF EVALUATION
(Circle and/or write answers)

1. ROOF



- a. Is your roof: Gabled Flat Shed
- b. How many years has it been since major repairs were made to the roof: _____ years
- c. Is the roof condition: Excellent Good Fair Poor
- d. Are there any leaks at this time: _____

2. FOUNDATION

- a. Is the foundation made of: Concrete Block Stone Poured Concrete
- b. Do you have a: Basement Crawlspace Concrete Slab
- c. Does your basement leak: Yes No Does it: "Flow Like a River" or "Seeps"
- d. Are the foundation walls collapsing: Yes No How many walls are 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 Does at least one Describe the condition
following fixtures: work properly: Good, Fair, or Poor:
 Toilet: Yes No Yes No Good Fair Poor
 Bathroom Sink: Yes No Yes No Good Fair Poor
 Kitchen Sink: Yes No Yes No Good Fair Poor
 Shower: Yes No Yes No Good Fair Poor
 Bathtub: Yes No Yes No Good Fair Poor
 Hot Water Tank: Yes No Yes No Good Fair Poor
 Sump Pump: Yes No Yes No Good Fair Poor
- d. Are you having any problems with natural gas supply: Yes No
- e. Is the overall condition of your plumbing system: Good Fair Poor
- f. 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 Boiler _____Kitchen Range/Oven
- e. How do you heat your bathroom: _____
- f. If you use gas/electric 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 or breakers trip: Often Sometimes Never
- d. How many fixtures and appliances are plugged into extension cords: _____

6. KITCHEN: FLOORS, WALLS & CEILINGS

- d. Is the condition of your kitchen floor: Good Fair Poor
- e. Are the condition of your kitchen walls: Good Fair Poor
- f. Are the condition of your kitchen cabinets: Good Fair Poor
- g. Is the condition of your kitchen ceiling: Good Fair Poor

7. BATHROOM - FLOORS, WALLS & CEILINGS

- a. Are the condition of your bathroom floors: Good Fair Poor
- b. Are the condition of your bathroom walls: Good Fair Poor
- c. Are the condition of your bathroom cabinets: Good Fair Poor
- d. Are the condition of your bathroom ceilings: Good Fair Poor

8. EXTERIOR SIDING

- a. Is the condition of the siding material: Good Fair Poor
- b. Does the siding need painting: Immediately Soon Much later

9. Would you describe the overall condition of your home as: Good Fair Poor

10. Briefly describe any dangerous conditions at your home, which need immediate attention:

11. Do you have any special needs related to health, mobility, or accessibility? Explain below:
