



DEVELOPMENT SERVICES DEPARTMENT
COMPREHENSIVE HOUSING REHABILITATION APPLICATION

1. Name _____
2. Address _____
3. Telephone (H) _____ (W) _____
4. Date _____
5. Age of head of household? _____
6. Is this a single head of household? _____
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

PROPERTY 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? _____

