|  |
| --- |
| CDBG Housing Initial Property Assessment  |
| *Complete all fields. Duplicate and submit for each house.* |
| Locality: |       | Unit ID Nbr: |       |
| Property Owner Name: |       | Telephone: |       |
| Property Address: |       |
| Approximate Sq. Ft.: |       |  Housing Tenure: | [ ]  Owner Occupied |
| Approximate Age: |       |  | [ ]  Rental |
|  |  |  |  |
| Only exterior work is eligible. Check the items in this unit that are in need of painting, repair, or replacement, attach an estimate detailing the cost(s), and attach photos of the unit: |
| [ ]  Exterior Surface, Paint or Siding | [ ]  Porches  | [ ]  Windows | [ ]  Exterior Doors,  | [ ]  Lead Work |
| [ ]  Roof | [ ]  Gutter, Fascia or Eave  | [ ]  Crawl Space Door or Vent | [ ]  Handrails, Guardrails, or handicapped ramp repair or installation  |
| [ ]  Other (specify): |       |

|  |
| --- |
| Initial Cost Estimate |
| *CDBG Assistance is limited to $10,000 per unit* |
|  | Estimated CDBG Cost:  | $      |  |
|  | + Estimated $ from other resources: | $      |  |
|  |  *Indicate source(s):*  |        |
|  |  |  |  |
|  | = **Estimated Total Cost:** | $      |  |
| After an on-site assessment of the above-stated property, this cost range opinion is based on my professional understanding of the program requirements, construction practices, material costs, labor costs, and all other considerations that may be relative in this rehabilitation estimate. |
|       |  |       |

 Signature and Title Date