

# Building Assessment:

EHA ID #: \_\_\_\_\_

Date of Site Visit: \_\_\_\_\_

## Roof

- Surface intact
- Any occupant reported/visible leaks
- Any evidence of water damage
- Drip edge condition
- Flashing condition
- Chimney flashing condition
- Ventilation present

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Roof Score:** \_\_\_\_\_

## Exterior Siding

- Surface condition
- No flaking paint
- No leaking/moisture retention
- Weatherized w/ no visible gaps

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
_____	_____
_____	_____
_____	_____

\*Note any moisture meter readings na

**Exterior Siding Score:** \_\_\_\_\_

## Guttering

- Properly attached and sealed
- No flaking paint
- No leaking/moisture retention
- Downspouts condition
- Splash block/tile condition

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
_____	_____
_____	_____
_____	_____

**Guttering Score:** \_\_\_\_\_

## Foundation

- No visible cracks
- No reported/visible leaks
- Weatherized w/ no visible gaps
- No flaking paint on wall surface
- No crawlspace open to living space

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
_____	_____
_____	_____
_____	_____

## If Basement w/ floor

- No visible cracks
- No seepage / standing water
- Floor drain functioning properly
- No flaking paint on floor

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
_____	_____
_____	_____
_____	_____

\*Note any moisture meter readings

**Foundation Score:** \_\_\_\_\_

## Exterior Doors/Windows/Steps

- Surface condition
- No flaking paint
- No leaking/moisture retention
- Weatherized / No visible gaps
- Outside stairs conditions
- Handrails Present (>4 risers)

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
Most windows sills	_____
_____	_____
_____	_____
None off front steps	_____
_____	_____

**Exterior Doors and Windows Score:** \_\_\_\_\_

Score

## Electrical Service

- Open service panels?
- Main panel covered/attached properly
- Any exposed wiring?
- Weatherized / No visible gaps

OK	C	TA	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments	Score
_____	_____
_____	_____
_____	_____
_____	_____

**Electrical Service Panel Score:** \_\_\_\_\_

Score

Comments:

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Photos of Issues

