



Damage Assessment Worksheet

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Business Phone _____ Residential Phone _____

Market Value _____ Rent _____

Owner's Name _____ Temporary Address _____ Temporary Phone _____

Appointment _____ Age of Building _____

Financial Status**Insurance**

Company _____ Existing capital _____

Amount _____ SBA contacted _____

HUD contacted _____

Extent of Damage

Severe

Moderate

Minor

APPLICANTS: DO NOT WRITE BELOW THIS LINE

Identity**Type of Construction**

<input type="checkbox"/> Wood-frame	<input type="checkbox"/> Brick veneer	<input type="checkbox"/> Siding	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Stucco	<input type="checkbox"/> Conc-block	<input type="checkbox"/> Wood Joists	
<input type="checkbox"/> Wood	<input type="checkbox"/> Masonry	<input type="checkbox"/> Steel Joists	

Approximate size _____ sq. feet

Roofing

Wood Shingles Asph. Shingles Built-up Other _____

Extent of Damage**Exterior****Number of Sq. Feet Affected**

Structural Type _____

Exterior Walls _____

Roof _____

Garage _____

Interior**Number of Sq. Feet Affected**

Floor _____

Partitioning _____

Doors _____

Storm Doors _____

Windows _____

Storm Windows _____

Ceiling _____

Electrical _____

Plumbing _____

Mechanical _____

Remarks

Date _____

Architect's remarks:

Survey or _____

Date received _____

Architect _____