

COMMUNITY AGING IN PLACE PROGRAM

(PARTNER ORGANIZATION NAME)

WORKPLAN

Homeowner/Recipient Name:

Homeowner/Recipient Property Address:

Homeowner/Recipient Mailing Address:

Homeowner/Recipient Phone Number:

Estimated Time to Complete Work:

Amount of Hours it took to Complete Work:

Work to be Done

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Homeowner/Recipient Signature

Date

Housing Maintenance Signature

Date