

**HOME ACCESSIBILITY AND REPAIR PROGRAM  
PUNCH LIST**

Homeowner: \_\_\_\_\_

Project Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

The following item(s) must be corrected/completed before a final payment will be processed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Punch List was  hand delivered  mailed to contractor on: \_\_\_\_\_

\_\_\_\_\_  
CAA Name

\_\_\_\_\_  
Home Repair Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Repair Technician Representative Name