

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
Pre-Screening Form

Agency (CAA): _____

CAA Rep. Name: _____

Intake Date: _____

CAA Rep. Phone: _____

Applicant Name: _____

Co-Applicant Name: _____

Mailing Address: _____

Email Address: _____

Property Address: _____

Daytime Phone: _____

Age: _____

Evening Phone: _____

Do you have homeowner's insurance? Yes No

If yes, is the repair covered? Yes No

Do you have a mortgage? Yes No

If yes, is it up to date? Yes No

Is this your primary residence? Yes No

If no, is this a rental property? Yes No

Is this a mobile home? Yes No

If yes, what year is it? _____

If yes, do you own the land? Yes No

Have you occupied the home for 1 year? Yes No

When did you purchase the property? _____

How many people live in the household? _____

Annual Gross Household Income: \$ _____

Liquid Assets on hand: \$ _____

Does your foundation have any cracks? Yes No

Does your chimney have a cap? Yes No

Is your roof currently leaking? Yes No

If yes, how long has it been leaking, where it is leaking and any other issues the leak has caused:

On a scale on 1-10, how severe is the roof leak? _____

Is water leaking into your living space? Yes No

Is water seeping into your ceilings and/or walls? Yes No

Has water created other issues in your home? Yes No

Do you have outdoor steps? Yes No

If yes, are there railings? Yes No

Do you have a ramp to enter the home? Yes No

If yes, is it in good condition? Yes No

Can you safely enter and exit the home? Yes No

If no, please explain:

Do you have any broken windows? Yes No

Do you have any broken doors? Yes No

Can you open/close all of the windows? Yes No

Can you open/close all of the doors? Yes No

Do you have a working heat system? Yes No

If no, how long has it been inoperable and please explain the issue with the heat system:

Is your septic backing up into your home? Yes No

If yes, where is it backing up and for how long?

Is your septic backing up onto your lawn? Yes No If yes, for how long?

If your septic is malfunctioning, is it creating other issues in and/or around your home? Yes No

If yes, please explain:

Do you have a working toilet? Yes No

If no, how long as it been inoperable and please explain the issue with the toilet:

Do you have a working bathroom sink? Yes No

If no, how long as it been inoperable and please explain the issue with the sink:

Can you safely bathe in your home? Yes No

If no, how long as this been an issue and please explain why you cannot safely bathe in your home:

Please explain any other repairs and/or modifications needed: