HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) PHASE 1 PROJECT SUMMARY SHEET

Provide the following data and decuments will oute nonulate

	Provide the following data and	documents will auto-populate:	
	APPLICAN	(OWNER)	
Name:		Daytime Phone:	
Mailing Address:	(First MI Last)	Evening Phone:	
	(Street, City, State, Zip)		
Property Address:	(Street, City, State, Zip)	Email Address:	
	CO-APPLICAN		
Name:		Davtimo Phono:	
Mailing Address:		Evening Dheney	
	(Street, City, State, Zip)		
Property Address:	(Street, City, State, Zip)	Email Address:	
044.11	COMMUNITY ACTIO	· · ·	
CAA Name:		Mailing Address:	(Street, City, State, Zip)
CAA Rep Name:		CAA Tech Name:	
CAA Rep Email:			
	EL IGIE		
Household (HH) Size: Date Income Eligibility Verified:			
		Maximum AMI for HH (80%):	
HH Annual Countable Income: \$(monthly HH income x 12)			(see 80% Medium Income on CAA Portal)
Date client was added to H			
	PROGRAM	GRANTS	
	Home Repair	\$	
	Older Adult Home Repair	\$	
Emergency Home Repair		\$	
Emergency Manufactured Home Repair		\$	
Accessibility		\$	
		· · · · · · · · · · · · · · · · · · ·	
	TOTAL GRANT AMOUNT	\$	
	Other Funding Contribution	\$	
	PROJECT TOTAL	\$	
	Grant Agreement Date		
	CONTRACTOR 1	CON	RACTOR 2
Company Name:		Company Name:	
Mailing Address:		Mailing Address:	
Contractor Don Name:	(Street, City, State, Zip)	Contractor Bon, Name:	(Street, City, State, Zip)
Contractor Rep. Name: Contractor Rep. Phone:		0 / / D DI	
Contractor Rep Email:		Contractor Rep Email:	
Contract Total:	¢	Contract Total:	
Contract Date:	\$	Contract Date:	\$
Project Start Date:		Project Start Date:	
Project Completion Date:		Project Completion Date:	
Change Order #1 Cost:	\$	Change Order #1 Cost:	\$
New Completion Date:		New Completion Date:	
Change Order #2 Cost:	\$	Change Order #2 Cost:	\$
New Completion Date:	· · · · · · · · · · · · · · · · · · ·	New Completion Date:	<u></u>
REVISED CONTRACT TO	DTAL: \$	REVISED CONTRACT TOTAI	_: \$

PROJECT NOTES