

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

Provide the following data and documents will auto-populate:

APPLICANT (OWNER)

Name: _____ <small>(First MI Last)</small>	Daytime Phone: _____
Mailing Address: _____ <small>(Street, City, State, Zip)</small>	Evening Phone: _____
Property Address: _____ <small>(Street, City, State, Zip)</small>	Email Address: _____

CO-APPLICANT (CO-OWNER)

Name: _____	Daytime Phone: _____
Mailing Address: _____ <small>(Street, City, State, Zip)</small>	Evening Phone: _____
Property Address: _____ <small>(Street, City, State, Zip)</small>	Email Address: _____

COMMUNITY ACTION AGENCY (CAA)

CAA Name: _____	Mailing Address: _____ <small>(Street, City, State, Zip)</small>
CAA Rep Name: _____	CAA Tech Name: _____
CAA Rep Phone: _____	CAA Tech Phone: _____
CAA Rep Email: _____	CAA Tech Email: _____

ELIGIBILITY

Household (HH) Size: _____	Date Income Eligibility Verified: _____
HH Annual Countable Income: \$ _____ <small>(monthly HH income x 12)</small>	Maximum AMI for HH (80%): \$ _____ <small>(see 80% Medium Income on CAA Portal)</small>
Date client was added to HARP Waitlist _____	

PROGRAM GRANTS

Home Repair	\$ _____
Older Adult Home Repair	\$ _____
Emergency Home Repair	\$ _____
Emergency Manufactured Home Repair	\$ _____
Accessibility	\$ _____

TOTAL GRANT AMOUNT	\$ _____
<i>Other Funding Contribution</i>	\$ _____
PROJECT TOTAL	\$ _____
Grant Agreement Date	_____

CONTRACTOR 1

Company Name: _____

Mailing Address: _____
(Street, City, State, Zip)

Contractor Rep. Name: _____

Contractor Rep. Phone: _____

Contractor Rep Email: _____

Contract Total: \$ _____

Contract Date: _____

Project Start Date: _____

Project Completion Date: _____

Change Order #1 Cost: \$ _____

New Completion Date: _____

Change Order #2 Cost: \$ _____

New Completion Date: _____

REVISED CONTRACT TOTAL: \$ _____

CONTRACTOR 2

Company Name: _____

Mailing Address: _____
(Street, City, State, Zip)

Contractor Rep. Name: _____

Contractor Rep. Phone: _____

Contractor Rep Email: _____

Contract Total: \$ _____

Contract Date: _____

Project Start Date: _____

Project Completion Date: _____

Change Order #1 Cost: \$ _____

New Completion Date: _____

Change Order #2 Cost: \$ _____

New Completion Date: _____

REVISED CONTRACT TOTAL: \$ _____

PROJECT NOTES