HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
PHASE 2 PROJECT SUMMARY SHEET
Provide the following data and documents will auto-populate:

APPLICANT (OWNER)

Name: _____ Daytime Phone: _____
(First MI Last)

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

Property Address: _____ Email Address: _____
(Street, City, State, Zip)

CO-APPLICANT (CO-OWNER)

Name: _____ Daytime Phone: _____

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

Property Address: _____ Email Address: _____
(Street, City, State, Zip)

COMMUNITY ACTION AGENCY (CAA)

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

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: $ _____ Maximum AMI for HH (80%): $ _____
(monthly HH income x 12) (see 80% Medium Income on CAA Portal)

Date client was added to HARP Waitlist _____

Is client eligible for Weatherization?   Y   N   Approximately when will Weatherization start? _____ _____

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

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