

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
**COST REASONABLENESS**

**Agency (CAA):** \_\_\_\_\_ Technician Name: \_\_\_\_\_  
\_\_\_\_\_ Technician Phone: \_\_\_\_\_  
\_\_\_\_\_ Technician Email: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
**Property:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_  
\_\_\_\_\_

**CAA INSPECTOR:**

I hereby certify that I have reviewed and discussed with the Applicant the bids from the above-named Contractor and find them to be cost reasonable. *The method used to make this determination is:*

I hereby certify that I have reviewed and discussed with the Applicant the bids from the above-named Contractor and find them to NOT be cost reasonable. *The following actions were taken:*

\_\_\_\_\_  
CAA Inspector Signature

\_\_\_\_\_  
Date

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

**Signed by all owners of the property:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date