

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
EMERGENCY MANUFACTURED HOME REPAIR CHECKLIST

Agency (CAA): _____ CAA Contact Name: _____
 _____ CAA Contact Title: _____
 _____ CAA Contact Phone: _____
 _____ CAA Contact Email: _____

Applicant: _____ **Co-Applicant:** _____
Property: _____ **Inspection Date:** _____

Area/system assessed	Condition	Priority	Comments
1. Severe roof leaks	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Dangerous electrical and/or heating system	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Inoperable toilets and leaky waste pipes	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Structural integrity (spongy floors, floor joists, footers)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. No heat in winter	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Lack of potable water supply	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Other Area/system identified by homeowner as emergency

8. Is the home currently occupied? Yes No

<p>Repairs recommended by CAA:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date _____</p> <p>_____ CAA Technician Signature</p> <p>_____ CAA Technician Name</p>	<p>Notes/Rationale:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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