

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

Agency (CAA): _____
CAA Address: _____
(Street, City, State, Zip)
Applicant Name: _____
Property: _____
(Street, City State, Zip)

CAA Technician Name: _____
CAA Technician Phone: _____
CAA Technician Email: _____
Co-Applicant Name: _____
Inspection Date: _____

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

7. Other Area/system identified by homeowner as emergency

8. Is the home currently occupied? Yes No

Repairs recommended by CAA:

CAA Technician Signature _____
Date

CAA Technician Name

Notes/Rationale: