HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

WORK WRITE-UP/COST ESTIMATE

Agency (CAA): _____ Technician Name: _____

_____ Technician Phone: _____

_____ Technician Email: _____

Applicant: _____ **Co-Applicant:** _____

Property: _____ **Contractor:** _____

_____

GENERAL REHAB

ITEM #	WORK DESCRIPTION	PERFORMANCE STANDARD REFERENCE	MATERIAL	LABOR	COST

LEAD PAINT

ITEM #	WORK DESCRIPTION	PERFORMANCE STANDARD REFERENCE D	MATERIAL	LABOR	COST