

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PROGRESS REPORT

Agency (CAA): _____ **Technician Name:** _____

Technician Phone: _____

Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

Date: _____ **Time-In:** _____ **Weather Conditions:** _____

COMMENTS:

CAA Technician Signature