

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PROGRESS REPORT

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____

CAA Technician Phone: _____

Applicant Name: _____

CAA Technician Email: _____

Property: _____

Co-Applicant Name: _____

Contractor: _____

Contractor Address: _____

Contract Amount: _____

Contract Date: _____

Date: _____

Time In: _____

COMMENTS:

CAA Technician Signature

Date