

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) PHASE 2 PROJECT SUMMARY SHEET

Provide the following data and documents will auto-populate:

APPLICANT (OWNER)

Name: _____
 Mailing Address: _____
 (First MI Last)
 (Street, City, State, Zip)
 Property Address: _____
 (Street, City, State, Zip)

Daytime Phone: _____
 Evening Phone: _____
 Email Address: _____

CO-APPLICANT (CO-OWNER)

Name: _____
 Mailing Address: _____
 (Street, City, State, Zip)
 Property Address: _____
 (Street, City, State, Zip)

Daytime Phone: _____
 Evening Phone: _____
 Email Address: _____

COMMUNITY ACTION AGENCY (CAA)

CAA Name: _____
 CAA Rep Name: _____
 CAA Rep Phone: _____
 CAA Rep Email: _____

Mailing Address: _____
 (Street, City, State, Zip)
 CAA Tech Name: _____
 CAA Tech Phone: _____
 CAA Tech Email: _____

ELIGIBILITY

Household (HH) Size: _____
 HH Annual Countable Income: \$ _____
 (monthly HH income x 12)
 Date client was added to HARP Waitlist: _____

Date Income Eligibility Verified: _____
 Maximum AMI for HH (80%): \$ _____
 (see 80% Medium Income on CAA Portal)

Is client eligible for Weatherization? Y N Approximately when will Weatherization start? _____

PROGRAM GRANTS

Home Repair	\$ _____
Older Adult Home Repair	\$ _____
Emergency Home Repair	\$ _____
Emergency Manufactured Home Repair	\$ _____
Accessibility	\$ _____

TOTAL GRANT AMOUNT

Other Funding Contribution	\$ _____
PROJECT TOTAL	\$ _____

Grant Agreement Date: _____

CONTRACTOR 1

Company Name: _____
 Mailing Address: _____
 (Street, City, State, Zip)

Company Name: _____
 Mailing Address: _____
 (Street, City, State, Zip)

Contractor Rep. Name: _____
 Contractor Rep. Phone: _____
 Contractor Rep Email: _____

Contractor Rep. Name: _____
 Contractor Rep. Phone: _____
 Contractor Rep Email: _____

Contract Total: \$ _____
 Contract Date: _____

Contract Total: \$ _____
 Contract Date: _____

Project Start Date: _____
 Project Completion Date: _____

Project Start Date: _____
 Project Completion Date: _____

Change Order #1 Cost: \$ _____
 New Completion Date: _____

Change Order #1 Cost: \$ _____
 New Completion Date: _____

Change Order #2 Cost: \$ _____
 New Completion Date: _____

Change Order #2 Cost: \$ _____
 New Completion Date: _____

REVISED CONTRACT TOTAL: \$ _____

REVISED CONTRACT TOTAL: \$ _____

CONTRACTOR 2

PROJECT NOTES