

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

PHASE 2 PROJECT SUMMARY SHEET

Provide the following data and documents will auto-populate:

APPLICANT (OWNER)

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

CO-APPLICANT (CO-OWNER)

Name: _____ Daytime Phone: _____
Mailing Address: _____ Evening Phone: _____
(Street, City, State, Zip)
Property Address: _____ Email Address: _____
(Street, City, State, Zip)

COMMUNITY ACTION AGENCY (CAA)

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

ELIGIBILITY

Household (HH) Size: _____ Date Income Eligibility Verified: _____
HH Annual Countable Income: \$ _____ Maximum AMI for HH (80%): \$ _____
(monthly HH income x 12) (see 80% Medium Income on CAA Portal)
Date client was added to HARP Waitlist _____
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)
Contractor Rep. Name: _____
Contractor Rep. Phone: _____
Contractor Rep Email: _____
Contract Total: \$ _____
Contract Date: _____
Project Start Date: _____
Project Completion Date: _____
Change Order #1 Cost: \$ _____
New Completion Date: _____
Change Order #2 Cost: \$ _____
New Completion Date: _____
REVISED CONTRACT TOTAL: \$ _____

CONTRACTOR 2

Company Name: _____
Mailing Address: _____
(Street, City, State, Zip)
Contractor Rep. Name: _____
Contractor Rep. Phone: _____
Contractor Rep Email: _____
Contract Total: \$ _____
Contract Date: _____
Project Start Date: _____
Project Completion Date: _____
Change Order #1 Cost: \$ _____
New Completion Date: _____
Change Order #2 Cost: \$ _____
New Completion Date: _____
REVISED CONTRACT TOTAL: \$ _____

PROJECT NOTES