

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) 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 _____ Number of points client received on HARP Waitlist _____
Is client eligible for Weatherization? Y N If yes what date will Weatherization start? _____

PROGRAM GRANTS

Home Repair	\$ _____
Elderly Home Repair	\$ _____
Emergency Home Repair	\$ _____
Emergency Manufactured Home Repair	\$ _____
Accessibility	\$ _____
Weatherization Readiness	\$ _____
TOTAL GRANT AMOUNT	\$ _____
<i>Other Funding Contribution</i>	\$ _____
PROJECT TOTAL	\$ _____
Grant Agreement Date	_____

If client has current WAP Deferral notice, can use that instead of HARP application form.

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