

# 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	\$ _____

<b>TOTAL GRANT AMOUNT</b>	\$ _____
<i>Other Funding Contribution</i>	\$ _____
<b>PROJECT TOTAL</b>	\$ _____
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