

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
**PRE-CONSTRUCTION CONFERENCE REPORT**

Agency (CAA): \_\_\_\_\_

CAA Technician Name: \_\_\_\_\_

CAA Address: \_\_\_\_\_  
(Street, City, State, Zip)

CAA Technician Phone: \_\_\_\_\_

CAA Technician Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Property: \_\_\_\_\_  
(Street, City, State, Zip)

Contractor: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

**Completed by the Applicant:**

I (We), the undersigned have, on this date, participated in a pre-construction conference prior to the signing of a *Construction Contract* for the rehabilitation of my (our) Property at the above referenced address.

I (We) acknowledge that I (we) understand the terms of the *Construction Contract*, the explanation of the work to be performed by the contractor, the roles of the CAA and the Rehab Tech, and our responsibilities during the construction phase. I (We) have been given adequate explanations to our questions, if any, and are aware that assistance will be provided by CAA staff as requested. I (We) further understand and acknowledge that the Home Accessibility and Repair Program assumes no responsibilities for the work performed and does not warrant any work performed.

**Applicable to pre-1978 homes only:** I (we) further certify that I (we) have been made aware of the dangers of lead based paint, and have received a copy of *Protect Your Family From Lead in Your Home* pamphlet. I (We) understand that all children under 6 years of age must be temporarily relocated until all work is complete and dust wipe clearances are achieved. I (We) have also received a copy of the *Single Family Lead Hazard Presumption Notice*.

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Owner Signature

\_\_\_\_\_  
Date

**Completed by the Contractor:**

Building Permit required:      Yes      No      If yes –copy must be placed in project file.

If No, explain how you know that a permit is not required:

Contact with local CEO Office      Other Please Explain: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I, the undersigned, hereby certify that the pre-construction conference was held on this date between the homeowner(s,) Rehab Tech, and myself. I understand the procedures to be followed for change orders and requests for payment and inspections. I understand and agree that the work performed must meet the standards required by the Home Repair Program and established by the job specifications.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name (*printed*)

**Completed by the Agency:**

I, the undersigned, hereby certify that I participated in a pre-construction conference on this date.

\_\_\_\_\_  
CAA Technician Signature

\_\_\_\_\_  
Date