

Home Accessibility & Repair Program (HARP)
Pre-Screening Form

Note to potential HARP clients: This pre-screening form allows you to be placed on the HARP wait-list. It does not guarantee program eligibility or that services will be rendered.

CAA Staff to Answer:

Agency: _____ CAA Intake Staff Name: _____ Intake Date: _____
(if CAA did Intake over phone)

Estimated Project Type based on client answers:

Home Repair Older Adult Home Repair Emergency Repair
Emergency Mobile Home Repair Accessibility

Client to Answer all the following:

General Information

Name: _____ Property Address: _____

Mailing Address (if different from property address): _____

Date form is completed: _____

Phone: _____ Email: _____

Your Current Age: _____ Total Number of People in Household: _____

Annual Gross income of the household (income before taxes): \$ _____

Total liquid Assets on hand (monies in bank accounts): \$ _____

Is this your only property? Yes No

Have you owned & occupied the home for at least 1 year? Yes No

Do you have homeowners insurance? Yes No

If yes, are the repair(s) covered? Yes Partially No

Is this a mobile home? (if No skip to Repair Questions) Yes No

What year is the mobile home? _____

Is the mobile home on a slab with a frost wall or a foundation? _____

Is the mobile home wheels, axels, and hitch detached? _____

Repair Questions (Next page)

Please explain all home repair needs / concerns:

CAA Intake staff notes: