

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
COST REASONABLENESS

Agency (CAA): _____ Technician Name: _____
_____ Technician Phone: _____
_____ Technician Email: _____

Applicant: _____ **Co-Applicant:** _____
Property: _____ **Contractor:** _____

CAA INSPECTOR:

I hereby certify that I have reviewed and discussed with the Applicant the bids from the above-named Contractor and find them to be cost reasonable. *The method used to make this determination is:*

I hereby certify that I have reviewed and discussed with the Applicant the bids from the above-named Contractor and find them to NOT be cost reasonable. *The following actions were taken:*

CAA Inspector Signature Date

CAA Inspector Name

Signed by all owners of the property:

Applicant Signature Date

Co-Applicant Signature Date