

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
EMERGENCY MANUFACTURED HOME REPAIR CHECKLIST

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

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Inspection Date: _____

Area/system assessed	Condition	Priority	Comments
1. Severe roof leaks	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Dangerous electrical and/or heating system	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Inoperable toilets and leaky waste pipes	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Structural integrity (spongy floors, floor joists, footers)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. No heat in winter	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Lack of potable water supply	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Area/system identified by homeowner as emergency

Repairs recommended by CAA:

Yes No
 Date _____

 CAA Technician Signature

Notes/Rationale: