

**HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
WORK WRITE-UP/COST ESTIMATE**

Agency (CAA): \_\_\_\_\_ Technician Name: \_\_\_\_\_  
 \_\_\_\_\_ Technician Phone: \_\_\_\_\_  
 \_\_\_\_\_ Technician Email: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Co-Applicant:** \_\_\_\_\_  
**Property:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL REHAB**

ITEM #	WORK DESCRIPTION	PERFORMANCE STANDARD REFERENCE	MATERIAL	LABOR	COST

**LEAD PAINT**

ITEM #	WORK DESCRIPTION	PERFORMANCE STANDARD REFERENCE D	MATERIAL	LABOR	COST