

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PROGRESS REPORT

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

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Contractor: _____ Contract Amount: \$ _____ Contract Date: _____

Date: _____ **Time-In:** _____ **Weather Conditions:** _____

COMMENTS:

CAA Technician Signature