

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
**CONSTRUCTION PROGRESS REPORT**

Agency (CAA): \_\_\_\_\_

CAA Technician Name: \_\_\_\_\_

CAA Address: \_\_\_\_\_

CAA Technician Phone: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

CAA Technician Email: \_\_\_\_\_

Property: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Contract Date: \_\_\_\_\_

Date: \_\_\_\_\_

Time In: \_\_\_\_\_

**COMMENTS:**

CAA Technician Signature

Date