

## Home Accessibility & Repair Program (HARP) Pre-Screening Form

Note to potential HARP clients: This pre-screening form allows you to be placed on the HARP wait-list. It does not guarantee program eligibility or that services will be rendered.

### **CAA Staff to Answer:**

Agency: \_\_\_\_\_ CAA Intake Staff Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
(if CAA did Intake over phone)

Estimated Project Type based on client answers:

Home Repair      Older Adult Home Repair      Emergency Repair  
Emergency Mobile Home Repair      Accessibility

### **Client to Answer** all the following:

#### General Information

Name: \_\_\_\_\_ Property Address: \_\_\_\_\_

Mailing Address (if different from property address): \_\_\_\_\_

Date form is completed: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Current Age: \_\_\_\_\_ Total Number of People in Household: \_\_\_\_\_

Annual Gross income of the household (income before taxes): \$ \_\_\_\_\_

Total liquid Assets on hand (monies in bank accounts): \$ \_\_\_\_\_

Is this your only property?      Yes      No

Have you owned & occupied the home for at least 1 year?      Yes      No

Do you have homeowners insurance?      Yes      No

If yes, are the repair(s) covered?      Yes      Partially      No

Is this a mobile home? (if No skip to Repair Questions)      Yes      No

What year is the mobile home? \_\_\_\_\_

Is the mobile home on a slab with a frost wall or a foundation? \_\_\_\_\_

Is the mobile home wheels, axels, and hitch detached? \_\_\_\_\_

Repair Questions      (Next page)

Please explain all home repair needs / concerns:

CAA Intake staff notes: