

Project #: _____ Group Name _____ Homeowner _____

LIST OF COMPLETED REPAIRS and HOME MODIFICATIONS

List the repairs/ modifications your team was able to complete:

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Please indicate work not completed on Project Day at the above referenced site that you think is necessary for health and safety.

Scope of Work	Work Not Completed and Why
Task __:	
Task __:	
Task __:	

Due May 20, 2024 - Return to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
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