HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

PROJECT SUMMARY SHEET

Provide the following data and documents will auto-populate:

APPLICANT (OWNER)		CO-APPLICANT	
Name		Name	
Entity or Owner (First MI Last)		Entity or Owner (First MI Last)	
Mailing Address		Mailing Address	
City State Zip		City State Zip	
Daytime Phone		Daytime Phone	
Evening Phone		Evening Phone	
Email		Email	
DDODEDTY		ELICIDII ITV	
PROPERTY		ELIGIBILITY Liver a hald (ULI) Sizes	
		Household (HH) Size:	
Property City		Maximum AMI for HH (80%) (see 80% Median Income on CAA Portal) HH Annual Countable Income	\$
Property State	Zip		\$
		(monthly HH income x 12)	
PROGRAM GRANTS		Date Income Eligibility Verfied	
☐ Home Repair	\$		
☐ Elderly Home Repair	\$	COMMUNITY ACTION AG	ENCY (CAA)
☐ Emergency Home Repair	\$	CAA Name	
☐ Emergency Manufactured Home	Repair \$	Mailing Address	
☐ Accessibility	\$	City State Zip	
☐ Supplemental Weatherization	\$	CAA Rep Name	
TOTAL GRANT AWARD	\$	CAA Rep Phone	
Grant Agreement Date (mm/dd/yyy	y)	CAA Rep Email	
		CAA Tech Name	
☐ Other Funding Contribution\$		CAA Tech Phone	
PROJECT TOTAL	\$	CAA Tech Email	
CONTRACTOR 1		CONTRACTOR 2	
Contractor Name		Contractor Name	
Mailing Address		Mailing Address	
City State Zip		City State Zip	
Contractor Rep Name		Contractor Rep Name	
Contractor Rep Phone		Contractor Rep Phone	
Contractor Rep Email		Contractor Rep Email	
CONTRACT TOTAL	\$	=	\$
Contract Date (mm/dd/yyyy) Project Start Date(mm/dd/yyyy) Project Completion Date (mm/dd/yyyy)		Contract Date (mm/dd/yyyy)	
		Project Start Date (mm/dd/yyyy)	
		Project Completion Date (mm/dd/yyyy)	
Change Order #1 Cost	\$	Change Order #1 Cost	\$
New Completion Date (mm/dd/yyyy		Now Completion Date (mm/dd/ssss)	
Change Order #2 Cost	\$	Change Order #2 Cost	
New Completion Date (mm/dd/yyyy	·	New Completion Date (mm/dd/yyyy)	
REVISED CONTRACT AMOUNT		REVISED CONTRACT AMOUNT	<u> </u>
NETICED CONTINACT AMOUNT	Ψ	TETIOLD CONTINUOUS 4	<u>'</u>
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Prepared by MaineHousing