

Maine State Housing Authority (MaineHousing)  
2019 HOME ACCESSIBILITY and REPAIR PROGRAM (HARP)

## PROJECT COVER SHEET

The "Bundle" contains the documents which are listed in the "navigation pane." Complete this Project Cover Sheet and the forms will auto-populate. Click on the document name in the navigation pane to go the document in the Bundle and edit and/or provide any missing information. Print completed documents for signatures.

Any documents not contained in this Bundle can be found on the CAA Portal.

**Provide the following data and documents will auto-populate:**

APPLICANT (OWNER)	
First Name	MI _____
Last Name	_____
Mailing Address	_____
City	_____
State	Zip _____
Daytime Phone	_____
Evening Phone	_____
Email	_____

CO-APPLICANT	
First Name	MI _____
Last Name	_____
Mailing Address	_____
City	_____
State	Zip _____
Daytime Phone	_____
Evening Phone	_____
Email	_____

PROPERTY	
Property Street	_____
Property City	_____
Property State	Zip _____

COMMUNITY ACTION AGENCY (CAA)	
CAA Name	_____
Mailing Address	_____
City	_____
State	Zip _____
CAA Rep Name	_____
CAA Rep Phone	_____
CAA Rep Email	_____
Technician Name	_____
Technician Phone	_____
Technician Email	_____

PROGRAM GRANTS	
<input type="checkbox"/> Home Repair	\$ _____
<input type="checkbox"/> Emergency	\$ _____
<input type="checkbox"/> Elderly	\$ _____
<input type="checkbox"/> Replacement	\$ _____
<input type="checkbox"/> Pre-1976 Mobile Home Repair	\$ _____
<input type="checkbox"/> Pre-1976 Mobile Home Replacement	\$ _____
<input type="checkbox"/> Accessibility	\$ _____
<input type="checkbox"/> Supplemental Weatherization	\$ _____
<b>GRANT AWARD</b>	<b>\$ _____</b>
<input type="checkbox"/> Other Funding Contribution	\$ _____
<b>PROJECT TOTAL</b>	<b>\$ _____</b>

CONTRACTOR	
Contractor Name	_____
Mailing Address	_____
City	_____
State	Zip _____
Contractor Rep Name	_____
Contractor Rep Phone	_____
Contractor Rep Email	_____

CONSTRUCTION CONTRACT	
Contract Amount	\$ _____
Contract Date	_____
Project Start Date	_____
Project Completion Date	_____

Comments:

AGENCY NOTES:

Maine State Housing Authority (MaineHousing)  
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**PHASE 2 DOCUMENT CHECKLIST**

Applicant/Owner: \_\_\_\_\_ CAA: \_\_\_\_\_

Property: \_\_\_\_\_ Submission Date: \_\_\_\_\_

- Grant Type(s):
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Home Repair           | <input type="checkbox"/> Home Repair Replacement             | <input type="checkbox"/> Pre-1976 Mobile Home Repair      |
| <input type="checkbox"/> Home Repair Emergency | <input type="checkbox"/> Accessibility                       | <input type="checkbox"/> Pre-1976 Mobile Home Replacement |
| <input type="checkbox"/> Home Repair Elderly   | <input type="checkbox"/> Supplemental Weatherization Program |   |

File Section	Copy to MH	Retain Original in File	Reviewed by MH Date/Initial	Notes
<b>FILE SECTION 1</b> (Applicant/Property Documents)				
Certification of Occupancy <i>(required for Replacements)</i>	X	X		
Bill of Sale <i>(required for Replacements)</i>	X	X		
Mortgage Deed <i>(from other funding sources)</i>	X	X		
<b>FILE SECTION 2</b> (Invoices, Checklists, Waivers)				
Phase 2 MaineHousing Invoice	X	X		
Phase 2 Document Checklist	X	X		
Change Order	X	X		
<b>FILE SECTION 3</b> (Contractor Documents)				
Contractors Payment Request with invoices	X	X		
Certificate and Release of Liens	X	X		
Certificate of Final Inspection	X	X		
Final Septic Inspection and Sign-off by Code Enforcement <i>(if applicable)</i>	X	X		
Receipt of Demolition and accompanying photos <i>(required for Replacements)</i>		X		
Construction Progress Report		X		
<b>FILE SECTION 4</b> (Estimates, Bids, Reports, Designs)				
Summary of Lead Paint Hazard Reduction Activity <i>(if applicable)</i>	X	X		
Lead Paint Hazard Info Receipt	X	X		
<b>FILE SECTION 5</b> (Federal & State Compliance)				
Lead Dust Wipe sample report <i>(if applicable)</i>	X	X		
<b>FILE SECTION 6</b> (Photos, Correspondence, Misc.)				
Digital color photographs <i>(multiple of interior and exterior)</i>	X	X		
Correspondence		X		

**CAA certifies that it has retained and organized the above-referenced documents in a file for auditing by MaineHousing.**

\_\_\_\_\_  
 CAA Representative Signature

\_\_\_\_\_  
 CAA Representative Name

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**CONTRACTOR PAYMENT REQUEST**

**APPLICANT (OWNER):**

\_\_\_\_\_  
First Name                      MI                      Last Name  
  
\_\_\_\_\_  
Mailing Address  
  
\_\_\_\_\_  
City                                      State                      Zip

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name  
  
\_\_\_\_\_  
Contractor Mailing Address  
  
\_\_\_\_\_  
City                                      State                      Zip

**PROPERTY:**

\_\_\_\_\_  
Street                                      City                                      State                      Zip

**CONTRACT PRICE:** \$ \_\_\_\_\_

**CONTRACT DATE:** \_\_\_\_\_

**TYPE OF PAYMENT:**              Final              Progress              \_\_\_\_\_% of work completed as outlined in the Contract.

**CONTRACTOR:**

I hereby request an inspection to receive payment # \_\_\_\_\_ for the amount of \$ \_\_\_\_\_. I certify that I have satisfactorily completed the necessary work to justify this request. Cost breakdown/invoice(s) attached.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**CAA INSPECTOR:**

I hereby certify that all work is completed as indicated on the Contractor's payment request/invoice and in accordance with all applicable specifications and standards. I hereby recommend approval of the payment to the contractor in the amount of \$ \_\_\_\_\_

\_\_\_\_\_  
CAA Technician Signature

\_\_\_\_\_  
Date

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

**APPLICANT/OWNER:**

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the contractor has performed.
- You are requesting payment to the contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

**If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.**

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Owner Signature

\_\_\_\_\_  
Date

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**CERTIFICATE AND RELEASE OF LIENS**

**APPLICANT (OWNER):**

\_\_\_\_\_  
First Name                      MI                      Last Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City                      Property State                      Property Zip

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
CAA Name

**CAA Technician:**

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

Technician Telephone: \_\_\_\_\_

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

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

Regarding the Construction Contract entered into between the Applicant/Owner and Contractor identified above, for work performed on the above-referenced property in accordance with the agreed upon project specifications, the Contractor certifies/states as follows:

1. There is due from and payable by the Applicant/Owner to the Contractor, the amount of \$ \_\_\_\_\_ pursuant to the Construction Contract and duly approved Change Orders and modifications.
2. All work invoiced under the Construction Contract has been performed in accordance with the terms thereof, and that there are no unpaid claims for materials, supplies or equipment and no claims of laborers or mechanics for unpaid wages arising out of the performance of the Construction Contract.
3. That upon receipt of the payment stated in paragraph 1 hereof, the Contractor does hereby release the Applicant/Owner from any and all claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Applicant/Owner does not pay in full the amount stated in Paragraph 1 hereof, the unpaid amount will become the amount which the Contractor has not released.

\_\_\_\_\_  
Contractor Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor Representative Name

**Acknowledged by:**

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Owner Signature

\_\_\_\_\_  
Date

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**CERTIFICATION OF FINAL INSPECTION**

**APPLICANT (OWNER):**

\_\_\_\_\_  
First Name            MI            Last Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City                      Property State            Property Zip

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
CAA Name

**CAA Technician:**

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

Technician Telephone: \_\_\_\_\_

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

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

I, the undersigned, hereby certify that the Contractor has satisfactorily completed the work, including all change orders, as outlined in the Construction Contract, and between the Applicant(s)/Owner(s) and the Contractor.

By signing this Certificate of Final Inspection,

1. The CAA Technician and Applicant(s)/Owner(s) certifies that the completed work is satisfactory and is in accordance with the agreed upon project specifications; and
2. The Applicant(s)/Owner(s) certify that he/she received all product warranty information from the Contractor and/or manufacturer.

Furthermore, by checking the box below, I certify that the home meets applicable grant standards.

I certify that the house meets applicable grant standards.

\_\_\_\_\_  
CAA Technician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Co-Owner Signature

\_\_\_\_\_  
Date

Maine State Housing Authority (MaineHousing)  
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**CONSTRUCTION PROGRESS REPORT**

**APPLICANT/OWNER:**

\_\_\_\_\_  
First Name      MI      Last Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City      Property State      Property Zip

**CONTRACTOR:**

\_\_\_\_\_  
Contractor Name

**CO-APPLICANT/CO-OWNER:**

\_\_\_\_\_  
First Name      MI      Last Name

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
CAA Name

\_\_\_\_\_  
Name of CAA Technician

**Date** \_\_\_\_\_

**Time In** \_\_\_\_\_

**Weather Conditions:** \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
CAA Technician Signature

**SUMMARY OF LEAD PAINT HAZARD REDUCTION ACTIVITY**  
(IF APPLICABLE)

**APPLICANT (OWNER):**

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
CAA Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City

\_\_\_\_\_  
Property State

\_\_\_\_\_  
Property Zip

**Date(s) of Clearance Inspection(s):** \_\_\_\_\_

**Summary Report Prepared by:** \_\_\_\_\_

**Summary Results of Clearance Testing:**

- Visual inspection cleared – all work was performed in accordance with specifications.
- All dust wipes samples passed.
- Visual inspection and/or dust wipes samples failed.

The following list outlines those components that were treated for lead hazards. In some cases the component may have been replaced, in others, the lead paint may have been stabilized or covered. It is important to understand that not all of the lead has been removed and that many leaded surfaces may remain in the unit and the building. Lead-based paint on building components in good condition and that is maintained properly, is generally not hazardous so long as the owner or tenant does not disturb the leaded surface by sanding, scraping or other wise remodeling or renovating. The list below summarizes where lead hazard control work was performed and the kind of treatment applied to that surface.

ROOM	SURFACES CONTAINING LEAD	TREATMENT

EXTERIOR AREAS	SURFACES CONTAINING LEAD	TREATMENT

It is important to understand that not all surfaces containing lead-based paint are hazardous. Generally, those surfaces containing lead based paint that are chipping or peeling or are a friction or impact surface such as windows and doors represent the most significant lead hazards. Wall, ceiling, and trim surfaces containing lead-based paint in good condition are generally not hazardous unless they are sanded, scraped, or otherwise disturbed through renovations or remodeling.

**Contact person for more information about this summary report:**

\_\_\_\_\_  
CAA Representative Signature

\_\_\_\_\_  
CAA Representative Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Representative Telephone Number

\_\_\_\_\_  
CAA Representative Email



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**LEAD PAINT HAZARD INFORMATION RECEIPT**

(IF APPLICABLE)

**Single Family Home**

**Multi-Family Home**

**APPLICANT (OWNER):**

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
CAA Name

**PROPERTY:**

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City

\_\_\_\_\_  
Property State

\_\_\_\_\_  
Property Zip

I received the pamphlet "*Renovate Right: Important Lead Hazard Information for Families, Childcare Providers, and Schools*", and understand that it explains the hazards associated with lead-based paint.

**Signed by all owners of the property:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date