HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) **PHASE 1 INVOICE**

Agency (CAA	A):	CAA Contact Name:	
CAA Address	s:	CAA Contact Phone:	
		CAA Contact Email:	
Applicant Na	me:	Co-Applicant Name:	
Property:	Iress: CAA Contact Name: CAA Contact Name: CAA Contact Phone: CAA Contact Email: CAA Contact Email: CO-Applicant Name:		
Gr			
	_	¢	
		-	
	Older Adult Home Repair		
	Emergency Home Repair	\$	<u></u>
	Emergency Manufactured Home Repair	\$	
	Accessibility	\$	
	•		
-	4-1 0	\$	
			<u> </u>
EX	penses		
	Weatherization Tasks	\$	
	Water Test (\$50.00 for CCI, WMCA and YCCAC)	\$	
	Water Test (\$70.00 for ACAP, DCP, KVCAP, PCAP and WCA	NP)	
	Walk Away Fee (\$300.00)	\$	
	Septic Design Fee	\$	
	Declaration of Covenants & Restrictions registry filing fee	\$	
To	tal Expenses		\$
DL	aca 1 Administration Eco		¢
Pn	ase 1 Administration Fee		<u> </u>
pa. 110	TIAL DAYMENT AMOUNT		\$
INI	TIAL PAYMENT AMOUNT		Ψ

NOTE: Invoices automatically calculate Administration Fees based on total Grant Funding amounts and eligible fees.

Please provide a detailed explanation as to why this project is a walk away and include pictures of the property:

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HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) **CHANGE ORDER INVOICE**

gency (CAA):		CAA Contact Name:	
AA Address:		CAA Contact Phone:	
(Street, City, Sta	te, Zip)	CAA Contact Email:	
oplicant Name: operty:		Co-Applicant Name:	
(Street, City, Sta	ite, Zip)	Submission Date:	
, , , , , , , , , , , , , , , , , , ,	. ,,		
INSTRUCTIONS: Change Orders requiri be eligible for payment.	ng additional fu	nding must be accompanied by this <i>Chang</i>	ge Order Invoice to
	CHANG	GE ORDER #1	
Submission Date:		Prepared by:	
Additional Grant Funding		Additional Expenses	
Home Repair	\$		\$
Older Adult Home Repair	\$		\$
Emergency Home Repair	\$	Total Additional Expenses	\$
Emergency Manufactured Home Repair	\$		
Accessibility	\$		
Total Additional Grant Funding	\$	Phase 1 Administration Fees	\$
	CHA	NGE ORDER #1 PAYMENT AMOUNT	\$
	CHANG	GE ORDER #2	
Submission Date:		Prepared by:	
Additional Grant Funding		Additional Expenses	
Home Repair	\$		\$
Older Adult Home Repair	\$		\$
Emergency Repair Elderly	\$	Total Additional Expenses	\$
Emergency Manufactured Home Repair	\$		
Accessibility	\$		
Total Additional Grant Funding	\$	Phase 1 Administration Fees	\$
			·
	CHA	NGE ORDER #2 PAYMENT AMOUNT	\$

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HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

PHASE 2 INVOICE

	-	FIRSE Z INVOICE	
y (CAA): ddress: ant Name: ty:	(Street, City, State, Zip)	CAA Contact Phon CAA Contact Emai Co-Applicant Name Submission Date	e:
	ONS: Unpaid <i>Change Orders</i> must submitted prior to or along with th	st be accompanied by the <i>Change Ord</i> one Phase 2 Invoice.	er Invoice to be eligible for
Grant Fu	ınding		
Phase	1 - Grants (Home Repair)¹	\$	
Chang	je Order - Additional Grant (Home Rep	pair) ² \$	-
Total	Grant Funding	\$	_
Unpaid A	Additional Expenses ³		
		\$	<u> </u>
		\$	<u> </u>
Total Ad	ditional Expenses	\$	_
Phase 2	Administration Fee		œ.
PHASE 2	2 PAYMENT AMOUNT		\$ \$
submissio		e Phase 1 ts resulting from approved Change Orders.	
	•	not captured on Phase 1 or Change Order	
		ulates Administration Fees based on the to onal Grant Funding amounts entered on the	
		MaineHousing Only	

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HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) INVOICE SUMMARY

Canage Order 1 - Total Submission Date: Phase 1 Admin Fees	cy (CAA):		CAA Contact Name:	
Acontact Email: Co-Applicant Name: erty: Co-Applicant Name:	Address:	(Street, City, State, Zip)		
PHASE 1 Submission Date: Original Grant Amount Additional Expenses CHANGE ORDERS CHANGE ORDERS CHANGE Order 1 Submission Date: Phase 1 Admin Fee Additional Grants Additional Expenses Change Order 1 Submission Date: Phase 1 Admin Fees Additional Expenses Change Order 2 Submission Date: Phase 1 Admin Fees Change Order 2 Submission Date: Phase 1 Admin Fees Change Order 2 Submission Date: Phase 1 Admin Fees Additional Grants Additional Grants Fhase 1 Admin Fees S Change Order 2 Submission Date: Phase 2 Admin Fee S Change Order 2 - Total S CHANGE ORDERS - TOTAL FUNDED S PHASE 2 Submission Date: Unpaid Expenses Phase 2 Admin Fee Phase 2 Admin Fee	cant Name:		_	
PHASE 1	erty:			
Submission Date: Original Grant Amount Additional Expenses PHASE 1 – TOTAL FUNDED \$ CHANGE ORDERS Change Order 1 Submission Date: Phase 1 Admin Fees Additional Grants Additional Expenses Change Order 2 Submission Date: Phase 1 Admin Fees Change Order 2 Submission Date: Phase 1 Admin Fees Change Order 2 Submission Date: Phase 1 Admin Fees Change Order 2 Submission Date: Phase 1 Admin Fees S Additional Grants Additional Expenses Phase 2 Admin Fees S PHASE 2 Submission Date: Unpaid Expenses Phase 2 Admin Fee PHASE 2 - TOTAL FUNDED PHASE 2 PHASE 2 - TOTAL FUNDED	-	(Street, City, State, Zip)		
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PHASE 2 –TOTAL FUNDED \$		<u></u>		
			HASE 2 -TOTAL FUNDED	\$
		_	OTAL PROJECT FUNDED	<u></u>

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