

## HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

## PHASE 1 INVOICE

Agency (CAA):

CAA Address:

(Street, City, State, Zip)

Applicant Name:

Property:

(Street, City, State, Zip)

CAA Contact Name:

CAA Contact Phone:

CAA Contact Email:

Co-Applicant Name:

Submission Date:

**Grant Funding**

Home Repair

\$

Older Adult Home Repair

\$

Emergency Home Repair

\$

Emergency Manufactured Home Repair

\$

Accessibility

\$

\$

**Total Grant****Expenses**

Weatherization Tasks

\$

Water Test (\$50.00 for CCI, WMCA and YCCAC)

\$

Water Test (\$70.00 for ACAP, DCP, KVCAP, PCAP and WCAP)

\$

Walk Away Fee (\$300.00)

\$

Septic Design Fee

\$

Declaration of Covenants &amp; Restrictions registry filing fee

\$

**Total Expenses**

\$

**Phase 1 Administration Fee**

\$

**INITIAL PAYMENT AMOUNT**

\$

**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:

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

Agency (CAA): \_\_\_\_\_  
CAA Address: \_\_\_\_\_  
(Street, City, State, Zip)  
Applicant Name: \_\_\_\_\_  
Property: \_\_\_\_\_  
(Street, City, State, Zip)

CAA Contact Name: \_\_\_\_\_  
CAA Contact Phone: \_\_\_\_\_  
CAA Contact Email: \_\_\_\_\_  
Co-Applicant Name: \_\_\_\_\_  
Submission Date: \_\_\_\_\_

**INSTRUCTIONS:** *Change Orders* requiring additional funding must be accompanied by this *Change Order Invoice* to be eligible for payment.

**CHANGE ORDER #1**

Submission Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_

***Additional Grant Funding***

Home Repair	\$
Older Adult Home Repair	\$
Emergency Home Repair	\$
Emergency Manufactured Home Repair	\$
Accessibility	\$

***Additional Expenses***

	\$
	\$
<b>Total Additional Expenses</b>	<b>\$</b>

<b>Total Additional Grant Funding</b>	<b>\$</b>	<b>Phase 1 Administration Fees</b>	<b>\$</b>
---------------------------------------	-----------	------------------------------------	-----------

<b>CHANGE ORDER #1 PAYMENT AMOUNT</b>	<b>\$</b>
---------------------------------------	-----------

**CHANGE ORDER #2**

Submission Date: \_\_\_\_\_ Prepared by: \_\_\_\_\_

***Additional Grant Funding***

Home Repair	\$
Older Adult Home Repair	\$
Emergency Repair Elderly	\$
Emergency Manufactured Home Repair	\$
Accessibility	\$

***Additional Expenses***

	\$
	\$
<b>Total Additional Expenses</b>	<b>\$</b>

<b>Total Additional Grant Funding</b>	<b>\$</b>	<b>Phase 1 Administration Fees</b>	<b>\$</b>
---------------------------------------	-----------	------------------------------------	-----------

<b>CHANGE ORDER #2 PAYMENT AMOUNT</b>	<b>\$</b>
---------------------------------------	-----------

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
**PHASE 2 INVOICE**

Agency (CAA): \_\_\_\_\_  
CAA Address: \_\_\_\_\_  
(Street, City, State, Zip)  
Applicant Name: \_\_\_\_\_  
Property: \_\_\_\_\_  
(Street, City, State, Zip)

CAA Contact Name: \_\_\_\_\_  
CAA Contact Phone: \_\_\_\_\_  
CAA Contact Email: \_\_\_\_\_  
Co-Applicant Name: \_\_\_\_\_  
Submission Date: \_\_\_\_\_

**INSTRUCTIONS:** Unpaid *Change Orders* must be accompanied by the *Change Order Invoice* to be eligible for payment and submitted prior to or along with the Phase 2 Invoice.

**Grant Funding**

Phase 1 - Grants (Home Repair)<sup>1</sup> \$ \_\_\_\_\_  
Change Order - Additional Grant (Home Repair)<sup>2</sup> \$ \_\_\_\_\_

**Total Grant Funding** \$ \_\_\_\_\_

**Unpaid Additional Expenses<sup>3</sup>**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Total Additional Expenses** \$ \_\_\_\_\_

**Phase 2 Administration Fee**

\$ \_\_\_\_\_

**PHASE 2 PAYMENT AMOUNT**

\$ \_\_\_\_\_

<sup>1</sup>The initial Grant Funding amount entered on the Phase 1 submission.

<sup>2</sup>The total of all additional Grant Funding amounts resulting from approved Change Orders.

<sup>3</sup>Unpaid Additional Expenses means expenses not captured on Phase 1 or Change Order invoices.

**NOTE:** The Phase 2 Invoice automatically calculates Administration Fees based on the total Grant Funding and eligible fees entered on the Phase 1 Invoice and Additional Grant Funding amounts entered on the Change Order Invoices.

**MaineHousing Only**

Payment Adjustment \$ \_\_\_\_\_  
Explanation:

**TOTAL ADJUSTED PAYMENT** \$ \_\_\_\_\_

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
**INVOICE SUMMARY**

Agency (CAA):		CAA Contact Name:	
CAA Address:		CAA Contact Phone:	
	(Street, City, State, Zip)	CAA Contact Email:	
Applicant Name:		Co-Applicant Name:	
Property:		Submission Date	
	(Street, City, State, Zip)		

**PHASE 1**

Submission Date:			
Original Grant Amount	\$	Phase 1 Admin Fee	\$
Additional Expenses	\$		
<b>PHASE 1 – TOTAL FUNDED</b>			<b>\$</b>

**CHANGE ORDERS**

**Change Order 1**

Submission Date:			
		Phase 1 Admin Fees	
Additional Grants	\$		\$
Additional Expenses	\$		
<b>Change Order 1 – Total</b>			<b>\$</b>

**Change Order 2**

Submission Date:			
		Phase 1 Admin Fees	
Additional Grants	\$		\$
Additional Expenses	\$		
<b>Change Order 2 – Total</b>			<b>\$</b>
<b>CHANGE ORDERS - TOTAL FUNDED</b>			<b>\$</b>

**PHASE 2**

Submission Date:			
Unpaid Expenses	\$		
Phase 2 Admin Fee	\$		
<b>PHASE 2 –TOTAL FUNDED</b>			<b>\$</b>
<b>TOTAL PROJECT FUNDED</b>			<b>\$</b>