

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

HARP APPLICATION

Agency (CAA): _____

Questions about the Application should be directed to:

Intake Staff Name: _____

Intake Staff Phone: _____

Intake Staff Email: _____

INSTRUCTIONS: Complete and return the completed and signed Application to the above-named CAA

I. APPLICANT (OWNER) INFORMATION

1. List all owners of the property as reflected on the property deed.

Applicant (Owner)

Co-Applicant (Co-Owner)

Entity or Owner (First MI Last) _____

Co-Entity or Co-Owner (First MI Last) _____

Mailing Address _____

Mailing Address _____

City State Zip _____

City State Zip _____

Date of Birth: _____
(mm/dd/yyyy)

Date of Birth: _____
mm/dd/yyyy

Current Age: _____

Current Age: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

Email: _____

Email: _____

2. List all people in the household, their age and full-time student status.

	First Name	Last Name	Age	Full-Time Student		Veteran	
1				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. PROPERTY INFORMATION

1. _____
Property Street Property City Property State Property Zip

2. Is this a mobile home: Yes No If yes, Model and Year? _____
If yes, do you own the land? Yes No

3. In what year was this property constructed? _____ 4. How many bedrooms are in this property? _____

5. In what year did you purchase this property? _____

6. Does your property have any tax and/or wastewater liens filed against it? Yes No

7. If you have a mortgage, is it paid up to date? Yes No

8. Have you received any assistance from MaineHousing programs in the past? Yes No

If you answered "Yes", please state name of program(s) and years:

Year: _____ Program: _____

Year: _____ Program: _____

Property Information continued

9. Do you have barriers that pose safety risks and prevent you from being able to safely navigate in, out of and within your home? (Example include grab bars needed to safely bathe, ramp to enter and exit the home.) Yes No
10. Water Source: Private Public 11. Do you have an arsenic abatement system? Yes No
12. Has your water been tested for Arsenic within the past 12 months? Yes No
 Date of test: _____ Was the arsenic levels greater than 10 ug/L? Yes No
13. Is your septic system malfunctioning (i.e. backing up in house or running out on lawn)? Yes No
14. Does your water source provide adequate and safe water? Yes No
15. Use the space below to explain the condition of your home and what repairs or modifications are needed.

III. HOUSEHOLD INCOME

Total household income shall include the combined gross income of all household members, excluding dependents under the age of 18 or dependents attending school on a full-time basis at the time of this Application.

List the gross monthly income under the contributing household member(s).

Write in the Name of the Household member:				
Wages/Salary (enter gross amount)	\$	\$	\$	\$
Overtime/Commissions	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
TANF/General Assistance/Other	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

IV. ASSETS

1. List cash, checking, savings, CD & money market accounts as of the date of this Application.

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance
			\$
			\$
			\$
			\$

Assets continued

2. List all stocks, bonds & mutual funds as of the date of this Application.

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value
			\$
			\$
			\$

3. List All Real Estate as of the date of this Application (including property jointly owned).

Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount
			\$
			\$
			\$

V. ACKNOWLEDGEMENT, CERTIFICATION AND AUTHORIZATION

Acknowledgement: I specifically acknowledge and agree that:

- (1) the property will not be used for any illegal or prohibited purpose or use;
- (2) all statements made in this Application are made for the purpose of obtaining the grant provided by the Program;
- (3) verification or re-verification of any information contained in this Application may be made at any time by the Program from any source named in this Application;
- (4) the original copy of this Application will be retained by the Program;
- (5) the Program will rely on the information contained in this Application;
- (6) I have a continuing obligation to amend and/or supplement the information provided in this Application, if any, of the material facts that I have represented in this Application should change prior to grant closing.
- (7) I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this Application may result in civil liability and/or criminal penalties.
- (8) I understand that no proceeds of the Program grant(s) will be used to compensate me, a Co-Applicant/Co-Owner, or any other household member, for labor and/or materials. I understand that no proceeds of the grant will be used to pay for the labor of any member of my family in making the improvements unless that family member owns and operates a construction business and meets the minimum contractor standards by becoming pre-qualified by the Community Action Agency and MaineHousing. I understand that as used in the preceding sentence the term "family" includes my brothers and sisters (whether by the whole or half-blood) spouse, ancestors, and lineal descendants.
- (9) I understand that upon sufficient notice of such, MaineHousing and/or the Community Action Agency should have the right of entry to the project and the right to inspect all work done, material, equipment and fixtures furnished, installed or stored in and about the project.

Notice of Intent to Occupy: Occupation of the property will be as my primary residence only. I do not intend to sell, transfer, rent or otherwise vacate the residence listed in this Application for a period of 3 years from the date of this Application

Certification: I certify that the information provided in this Application is true and correct as of the date set forth opposite my signature on this Application.

Statement of Release: I authorize the CAA, on behalf of the Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property

Applicant/Owner Signature

Date

Co-Applicant/Co-Owner Signature

Date

VI. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is required by the Federal Government for certain types of funding related to a dwelling or order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may discriminate neither based on this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the agency is required to note race or national origin and sex based on visual observation or surname. If you do not wish to furnish the information, please check below.

Applicant/Owner

I do not wish to furnish this information.

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Non-Latino

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander

Gender:

- Female
- Male

Co-Applicant/Co-Owner

I do not wish to furnish this information.

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Non-Latino

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian or Other Pacific Islander

Gender:

- Female
- Male