

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
NOTICE OF PRELIMINARY APPROVAL

Agency (CAA): _____

CAA Address: _____
(Street, City, State, Zip)

CAA Technician Name: _____

CAA Technician Phone: _____

Applicant Name: _____

CAA Technician Email: _____

Property: _____
(Street, City, State, Zip)

Co-Applicant Name: _____

Grant Amount: _____

Your Application for a grant from the Home Accessibility and Repair Program (Program) with the above-referenced CAA has been reviewed and approved for the following:

Grant Funds	
Home Repair	\$
Older Adult Home Repair	\$
Emergency Home Repair	\$
Emergency Manufactured Home Repair	\$
Accessibility	\$
TOTAL GRANT FUNDS	\$

The CAA will hold a total of \$ _____ in escrow from the Program funded by the MaineHousing.

You will need to bring the following documents with you to the Closing:

1 _____

2 _____

3 _____

Your Closing is scheduled on:

Date: _____

Time: _____

Place: _____

It is important that you bring the above-mentioned items (if applicable) to Closing to avoid any delays. If you have any questions, please contact your CAA Representative prior to your Closing date.

CAA Representative Signature _____

CAA Representative Name _____

Date _____

CAA Representative Phone _____

CAA Representative Email _____