

**HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
PROJECT SUMMARY SHEET**

Provide the following data and documents will auto-populate:

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

CO-APPLICANT	
Name	Entity or Owner (First MI Last)
Mailing Address	
City State Zip	
Daytime Phone	
Evening Phone	
Email	

PROPERTY	
Property Street	
Property City	
Property State	Zip

ELIGIBILITY	
Household (HH) Size:	
Maximum AMI for HH (80%) <small>(see 80% Median Income on CAA Portal)</small>	\$
HH Annual Countable Income <small>(monthly HH income x 12)</small>	\$
Date Income Eligibility Verified	

PROGRAM GRANTS	
<input type="checkbox"/> Home Repair	\$
<input type="checkbox"/> Elderly Home Repair	\$
<input type="checkbox"/> Emergency Home Repair	\$
<input type="checkbox"/> Emergency Manufactured Home Repair	\$
<input type="checkbox"/> Accessibility	\$
<input type="checkbox"/> Supplemental Weatherization	\$
TOTAL GRANT AWARD	\$
Grant Agreement Date (mm/dd/yyyy)	
<input type="checkbox"/> Other Funding Contribution	\$
PROJECT TOTAL	\$

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

CONTRACTOR 1	
Contractor Name	
Mailing Address	
City State Zip	
Contractor Rep Name	
Contractor Rep Phone	
Contractor Rep Email	
CONTRACT TOTAL	\$
Contract Date (mm/dd/yyyy)	
Project Start Date (mm/dd/yyyy)	
Project Completion Date (mm/dd/yyyy)	
Change Order #1 Cost	\$
New Completion Date (mm/dd/yyyy)	
Change Order #2 Cost	\$
New Completion Date (mm/dd/yyyy)	
REVISED CONTRACT AMOUNT	\$

CONTRACTOR 2	
Contractor Name	
Mailing Address	
City State Zip	
Contractor Rep Name	
Contractor Rep Phone	
Contractor Rep Email	
CONTRACT TOTAL	\$
Contract Date (mm/dd/yyyy)	
Project Start Date (mm/dd/yyyy)	
Project Completion Date (mm/dd/yyyy)	
Change Order #1 Cost	\$
New Completion Date (mm/dd/yyyy)	
Change Order #2 Cost	\$
New Completion Date (mm/dd/yyyy)	
REVISED CONTRACT AMOUNT	\$

NOTES

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
PHASE 2 DOCUMENT CHECKLIST

Grant \$15,000.01 or Greater

Grant \$15,000.00 or Less

Submit the documents identified as "Copy to MH" on this *Phase 2 Document Checklist* to MaineHousing via ShareFile for payment. The CAA must date and initial each document listed on this *Document Checklist* as verification that original document is retained in the CAA's project file.

Applicant: _____ **CAA:** _____

Property: _____ **Submission Date:** _____

Grant Type(s): Home Repair Emergency Home Repair Accessibility
 Elderly Home Repair Emergency Manufactured Home Repair Supplemental Weatherization

File Section	Copies to MH		Originals		Notes
	Grant \$15,000.00 or Less	Grant \$15,000.01 or Greater	Retain in CAA File	Verified by CAA Date/Initial	
FILE SECTION 2 (Invoices, Checklists, Waivers)					
Project Cover Sheet (revised)	X	X	X		
Phase 2 MaineHousing Invoice	X	X	X		
Phase 2 Document Checklist	X	X	X		
Change Orders	X	X	X		
FILE SECTION 3 (Contractor Documents)					
Construction Progress Report(s)			X		
Certificate of Final Inspection		X	X		
Contractor Certificate and Release of Liens		X	X		
Contractor Payment Request (with contractor invoices)		X	X		
Final Septic Inspection and Sign-off by Code Enforcement (if applicable)		X	X		
FILE SECTION 4 (Estimates, Bids, Reports, Designs)					
Summary of Lead Paint Hazard Reduction Activity (if applicable)		X	X		
FILE SECTION 5 (Other Compliance)					
Lead Dust Wipe sample report (if applicable)		X	X		
FILE SECTION 6 (Photos, Correspondence, Misc.)					
Digital color photographs (multiple of interior and exterior)		X	X		
Correspondence			X		

Prepared by: _____

 CAA Representative Name

 Date

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CERTIFICATE OF FINAL INSPECTION

Agency (CAA): _____

Technician Name: _____
Technician Phone: _____
Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Contractor: _____ 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 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.
3. The Applicant(s)/Owner(s) acknowledge that he/she received a Client Satisfaction Survey card which provides an opportunity to provide MaineHousing with information about his/her experience with the Home Accessibility and Repair Program Assistance Program.

Furthermore, by checking the box below, the CAA Technician certifies that the home meets applicable rehabilitation standards.

I certify that the house meets applicable rehabilitation standards.

CAA Technician Signature

Date

Applicant/Owner Signature

Date

Co-Applicant/Co-Owner Signature

Date

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PROGRESS REPORT

Agency (CAA): _____ **Technician Name:** _____
_____ **Technician Phone:** _____
_____ **Technician Email:** _____

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Contractor: _____ Contract Price: \$ _____ Contract Date: _____

Date: _____ **Time-In:** _____ **Weather Conditions:** _____

COMMENTS:

CAA Technician Signature

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR CERTIFICATE AND RELEASE OF LIENS

Agency (CAA): _____ Technician Name: _____
_____ Technician Phone: _____
_____ Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____ _____	Contractor: _____ Contract Price: \$ _____ Contract Date: _____

Regarding the *Construction Contract* entered into between the Applicant 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 to the Contractor, the amount of \$_____ pursuant to the *Construction Contract* and duly approved *Change Orders*.
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 from any and all claims arising under or by virtue of this invoiced amount; provided, however, that if for any reason the Applicant 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

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PAYMENT REQUEST

Agency (CAA): _____ Technician Name: _____
_____ Technician Phone: _____
_____ Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____
_____	Contract Price: \$ _____
	Contract Date: _____

TYPE OF PAYMENT: Final In 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 following amount	
Payment Amount	\$ _____
_____	_____
CAA Technician Signature	Date

CAA Technician Name	

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
SUMMARY OF LEAD PAINT HAZARD REDUCTION ACTIVITY

Agency (CAA): _____

Technician Name: _____
 Technician Phone: _____
 Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____

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 the CAA listed above for more information about this summary report.