## HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

## **PHASE 2 PROJECT SUMMARY SHEET**

Provide the following data and documents will auto-populate:

	APPLICANT	(OWNER)	
Name:		Daytime Phone:	
Mailing Address:	(First MI Last) (Street, City, State, Zip)	Evening Phone:	
Property Address:	(Street, City, State, Zip)	Email Address:	
		. (CO OWNER)	
Manage	CO-APPLICANT	Daytina Dhana	
Name: Mailing Address:		Evening Dhones	
Property Address:	(Street, City, State, Zip)	Email Address	
	(Street, City, State, Zip)		
	COMMUNITY ACTION	ON AGENCY (CAA)	
CAA Name:		Mailing Address:	(Street, City, State, Zip)
CAA Rep Name:		CAA Tech Name:	(Gireet, Gity, Gtate, ZIP)
CAA Rep Phone:		CAA Took Dhono:	
CAA Rep Email:		CAA Took Empile	
	ELIGIE	ILITY	
Household (HH) Size:		Date Income Eligibility Verified:	
HH Annual Countable Inco	ome: \$	Maximum AMI for HH (80%): \$	
Date client was added to H	(monthly HH income x 12)  IARP Waitlist		(see 80% Medium Income on CAA Portal)
ls client eligible for Weath	erization? Y N Approximately wher	will Weatherization start?	
is client engible for weath	The street of th	wiii wediiichzaiion start:	
	PROGRAM	GRANTS	
	Home Repair	\$	<u></u>
	Older Adult Home Repair	\$	<u></u>
	Emergency Home Repair	\$	
	Emergency Manufactured Home Repair	\$	
	Accessibility	\$	<u> </u>
	TOTAL GRANT AMOUNT	\$	<u></u>
	Other Funding Contribution	\$ 	
	PROJECT TOTAL	\$ 	
	Grant Agreement Date		<del></del>
	CONTRACTOR 1	CONTR	ACTOR 2
Company Name:		Company Name:	
Mailing Address:		Mailing Address:	
Contractor Rep. Name:	(Street, City, State, Zip)	Contractor Don Name	(Street, City, State, Zip)
Contractor Rep. Phone:		Contractor Don Dhone	
Contractor Rep Email:		Contractor Rep Email:	
Contract Total:	\$	Contract Total:	\$
Contract Date:	<b>*</b>	Contract Date:	\$
Project Start Date:		Project Start Date:	
Project Completion Date:		Project Completion Date:	
Change Order #1 Cost:	\$	Change Order #1 Cost:	\$
New Completion Date:		New Completion Date:	
Change Order #2 Cost:	\$	Change Order #2 Cost:	\$
New Completion Date:		New Completion Date:	
REVISED CONTRACT TO	OTAL: \$	REVISED CONTRACT TOTAL:	\$
	PROJEC1	NOTES	

# HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) CONTRACTOR PROGRESS REPORT

Agency (CAA):  CAA Address:	CAA Technician Phone:	
Applicant Name:	Co-Applicant Name:	
Property:		
Contractor:	Contractor Address:	
Contract Amount:	Contract Date:	
Date:	Time In:	
COMMENTS:		
CAA Toobaigina Signatura		Data
CAA Technician Signature		Date

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

	y (CAA):ddress:	CAA Technician Name:  CAA Technician Phone:	
Applica Proper	ant Name:ty:	CAA Technician Email:  Co-Applicant Name:	
Contra	ctor:	Contract Date:	
	undersigned, hereby certify that the Contractor has sationstruction Contract between the Applicant(s)/Owner(s	isfactorily completed the work, including all change ord ) and the Contractor.	ers, as outlined in
3y sigr	ning this Certificate of Final Inspection,		
1.	The CAA Technician and Applicant(s)/Owner(s) certithe agreed upon project specifications; and	ifies that the completed work is satisfactory and is in ac	cordance with
2.	The Applicant(s)/Owner(s) certify that he/she receive manufacturer.	ed all product warranty information from the Contractor	and/or
3.		received a Client Satisfaction Survey card which provion about his/her experience with the Home Accessibility	
urthe	rmore, by checking the box below, the CAA Technicia	n certifies that the home meets applicable rehabilitation	standards.
	I certify that the house meets applicable rehabilitat	ion standards.	
	CAA Technician Signature	Date	
	Applicant/Owner Signature	Date	

Co-Applicant/Co-Owner Signature

Date

# HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) CONTRACTOR PAYMENT REQUEST

•	cy (CAA): Address:	CAA Technician Phone:	
Applicant Name:  Property:  Contract Total:		Co-Applicant Name:	
		Contract Date:	
	TYPE OF PAYMENT: Final In Progr	ress % of work completed as outline	d in the Contract.
CONT	TRACTOR:		
	by request an inspection to receive payment #	for the amount of \$	
I certif	y that I have satisfactorily completed the necessary wo	rk to justify this request. Cost breakdown/itemized inv	/oice(s)
	Contractor Representative Signature	Date	
	Contractor Representative Name		
CAA	INSPECTOR:		
	Payment Amount \$	Date	
	CAA Technician Signature	Date	
	CAA Technician Name  CONTRACTOR CER	RTIFICATE AND RELEASE OF LIENS	
	rding the <i>Construction Contract</i> entered into between the conced Property in accordance with the agreed upon pro		
1.	There is due from and payable by the Applicant to to Construction Contract and duly approved Change (	the Contractor, the amount of \$	pursuant to the
2.		nas been performed in accordance with the terms the and no claims of laborers or mechanics for unpaid wa	
3.	claims arising under or by virtue of this invoiced am	ph 1 hereof, the Contractor does hereby release the nount; provided, however, that if for any reason the Apid amount will become the amount which the Contrac	oplicant does not pay in full
_	Contractor Representative Signature	Date	
_	Contractor Representative Name		

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

Agency (CAA):  CAA Address:	CAA	Technician Name:
Applicant Name: Property:	Co-A	pplicant Name:
Contractor:	Cont	ract Date:
Date(s) of Clearance Ins	pection(s): Sumi	nary Report Prepared by:
<b>Summary Results of Cle</b>	arance Testing:	
Visual inspection cle	eared – all work was performed in accordance wit	n specifications.
All dust wipes samp		
Visual inspection an	d/or dust wipes samples failed.	
been removed and that ma good condition and that is r leaded surface by sanding,	ny leaded surfaces may remain in the unit ar maintained properly, is generally not hazardo	It is important to understand that not all of the lead has and the building. Lead-based paint on building components in us so long as the owner or tenant does not disturb the ting. The list below summarizes where lead hazard control
ROOM	SURFACES CONTAINING LEAD	TREATMENT
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ROOM	SURFACES CONTAINING LEAD	TREATMENT
ROOM	SURFACES CONTAINING LEAD	TREATMENT
ROOM	SURFACES CONTAINING LEAD	TREATMENT
ROOM	SURFACES CONTAINING LEAD	TREATMENT
ROOM  EXTERIOR AREAS	SURFACES CONTAINING LEAD  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.

### HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

## **PHASE 2 DOCUMENT CHECKLIST**

### Home Repair Grants (pre-approval required)

**Emergency Grants** (pre-approval not required)

Submit the documents identified as "Copy to MH" on this *Phase 1 Document Checklist* to MaineHousing via ShareFile for approval and/or payment. The CAA must sign and date this form to verify that each document listed on this *Document Checklist* as verification that original document is retained in the CAA's project file.

Agency (CAA):		CAA Representative Name:	
CAA Address		CAA Representative Phone:	
	(Street, City, State, Zip)	CAA Representative Email:	
Applicant Name:		Co-Applicant Name:	
Property:		Date File Submitted to MH:	
	(Street, City, State, Zip)		
Grant Type:	Home Repair	Older Adult Home Repair	Emergency Home Repair
	Emergency Manufactured Home Repair	Accessibility	
		Documents Required to Submit to MH for Grants \$15,000.00 or Less	Documents Required to Submit to MH for Grants \$15,000.01 or More
FILE SECTION 1	(Owner)		-
Recorded Declara	tion of Covenants and Restrictions		
FILE SECTION 2	(Invoices, Checklists, Waivers)		
Project Summary	Sheet (updated)		
Phase 2 Invoice			
Change Order(s)	if applicable		
Change Order (s)	Invoice (s)		
Phase 2 Documer	nt Checklist		
FILE SECTION 3	(Contractor Documents)		
Pre-Construction	Progress Report		
Construction Prog	ress Report (s)		
Certificate of Fina	I Inspection		
Contractor Payme	ent Request/Release of Liens		
Contractor Itemize	ed Invoice(s)		
Final Septic Inspe (if applicable)	ction and Sign-Off by Code Enforcement		
	(Estimates, Bids, Reports, Designs)		
Summary of Lead (if applicable)	Paint Hazard Reduction Activity		
FILE SECTION 5	(Other Compliance)		
Lead Dust Wipe S	Sample Report (if applicable)		
FILE SECTION 6	(Photos, Correspondence, Misc.)		
Digital Color Phot	ographs (multiple of interior and exterior)		
Correspondence			

CAA Representative Signature

Date