

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: _____
(First MI Last)
Mailing Address: _____ Evening Phone: _____
(Street, City, State, Zip)
Property Address: _____ Email Address: _____
(Street, City, State, Zip)

CO-APPLICANT (CO-OWNER)

Name: _____ Daytime Phone: _____
Mailing Address: _____ Evening Phone: _____
(Street, City, State, Zip)
Property Address: _____ Email Address: _____
(Street, City, State, Zip)

COMMUNITY ACTION AGENCY (CAA)

CAA Name: _____ Mailing Address: _____
(Street, City, State, Zip)
CAA Rep Name: _____ CAA Tech Name: _____
CAA Rep Phone: _____ CAA Tech Phone: _____
CAA Rep Email: _____ CAA Tech Email: _____

ELIGIBILITY

Household (HH) Size: _____ Date Income Eligibility Verified: _____
HH Annual Countable Income: \$ _____ Maximum AMI for HH (80%): \$ _____
(monthly HH income x 12) (see 80% Medium Income on CAA Portal)
Date client was added to HARP Waitlist _____
Is client eligible for Weatherization? Y N Approximately when will Weatherization start? _____

PROGRAM GRANTS

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

TOTAL GRANT AMOUNT	\$ _____
<i>Other Funding Contribution</i>	\$ _____
PROJECT TOTAL	\$ _____
Grant Agreement Date	_____

CONTRACTOR 1

Company Name: _____
Mailing Address: _____
(Street, City, State, Zip)
Contractor Rep. Name: _____
Contractor Rep. Phone: _____
Contractor Rep Email: _____
Contract Total: \$ _____
Contract Date: _____
Project Start Date: _____
Project Completion Date: _____
Change Order #1 Cost: \$ _____
New Completion Date: _____
Change Order #2 Cost: \$ _____
New Completion Date: _____
REVISED CONTRACT TOTAL: \$ _____

CONTRACTOR 2

Company Name: _____
Mailing Address: _____
(Street, City, State, Zip)
Contractor Rep. Name: _____
Contractor Rep. Phone: _____
Contractor Rep Email: _____
Contract Total: \$ _____
Contract Date: _____
Project Start Date: _____
Project Completion Date: _____
Change Order #1 Cost: \$ _____
New Completion Date: _____
Change Order #2 Cost: \$ _____
New Completion Date: _____
REVISED CONTRACT TOTAL: \$ _____

PROJECT NOTES

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PROGRESS REPORT

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____

CAA Technician Phone: _____

Applicant Name: _____

CAA Technician Email: _____

Property: _____

Co-Applicant Name: _____

Contractor: _____

Contractor Address: _____

Contract Amount: _____

Contract Date: _____

Date: _____

Time In: _____

COMMENTS:

CAA Technician Signature

Date

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CONTRACTOR PROGRESS REPORT

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____

CAA Technician Phone: _____

Applicant Name: _____

CAA Technician Email: _____

Property: _____

Co-Applicant Name: _____

Contractor: _____

Contractor Address: _____

Contract Amount: _____

Contract Date: _____

Date: _____

Time In: _____

COMMENTS:

CAA Technician Signature

Date

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

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____

CAA Technician Phone: _____

CAA Technician Email: _____

Applicant Name: _____

Co-Applicant Name: _____

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)
CERTIFICATE OF FINAL INSPECTION

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____

CAA Technician Phone: _____

CAA Technician Email: _____

Applicant Name: _____

Co-Applicant Name: _____

Property: _____

Contractor: _____

Contract Date: _____

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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

CONTRACTOR PAYMENT REQUEST

Agency (CAA): _____
CAA Address: _____
Applicant Name: _____
Property: _____
Contract Total: _____

CAA Technician Name: _____
CAA Technician Phone: _____
CAA Technician Email: _____
Co-Applicant Name: _____
Contractor: _____
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/itemized 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/itemized 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

CONTRACTOR CERTIFICATE AND RELEASE OF LIENS

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

CONTRACTOR PAYMENT REQUEST

Agency (CAA): _____
CAA Address: _____
Applicant Name: _____
Property: _____
Contract Total: _____

CAA Technician Name: _____
CAA Technician Phone: _____
CAA Technician Email: _____
Co-Applicant Name: _____
Contractor: _____
Contract Date: _____

TYPE OF PAYMENT: Final In Progress _____ % of work completed as outlined in the Contract.

CONTRACTOR:

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Contractor Representative Name

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CAA Technician Signature

Date

CAA Technician Name

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Contractor Representative Signature

Date

Contractor Representative Name

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

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____

CAA Technician Phone: _____

CAA Technician Email: _____

Applicant Name: _____

Co-Applicant Name: _____

Property: _____

Contractor: _____

Contract Date: _____

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 otherwise 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.

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

Agency (CAA): _____

CAA Address: _____

Applicant Name: _____

Property: _____

Contractor: _____

CAA Technician Name: _____

CAA Technician Phone: _____

CAA Technician Email: _____

Co-Applicant Name: _____

Contract Date: _____

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.

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

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

Grants \$15,000.01 or Greater (pre-approval required)

Grant \$15,000.00 or Less (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**
 Emergency Manufactured Home Repair

Older Adult Home Repair
Accessibility

Emergency Home Repair

	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 Declaration of Covenants and Restrictions	[Grey Box]	
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 Document Checklist	[Grey Box]	
FILE SECTION 3 (Contractor Documents)		
Pre-Construction Progress Report	[Grey Box]	
Construction Progress Report (s)		
Certificate of Final Inspection		
Contractor Payment Request/Release of Liens	[Grey Box]	
Contractor Itemized Invoice(s)		
Final Septic Inspection and Sign-Off by Code Enforcement <i>(if applicable)</i>	[Grey Box]	
FILE SECTION 4 (Estimates, Bids, Reports, Designs)		
Summary of Lead Paint Hazard Reduction Activity <i>(if applicable)</i>	[Grey Box]	
FILE SECTION 5 (Other Compliance)		
Lead Dust Wipe Sample Report <i>(if applicable)</i>	[Grey Box]	
FILE SECTION 6 (Photos, Correspondence, Misc.)		
Digital Color Photographs (multiple of interior and exterior)		
Correspondence	[Grey Box]	

CAA Representative Signature

Date