

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

### CONTRACTOR 1

### CONTRACTOR 2

Company Name: _____	Company Name: _____
Mailing Address: _____ <small>(Street, City, State, Zip)</small>	Mailing Address: _____ <small>(Street, City, State, Zip)</small>
Contractor Rep. Name: _____	Contractor Rep. Name: _____
Contractor Rep. Phone: _____	Contractor Rep. Phone: _____
Contractor Rep Email: _____	Contractor Rep Email: _____
<b>Contract Total:</b> \$ _____	<b>Contract Total:</b> \$ _____
Contract Date: _____	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: _____
<b>REVISED CONTRACT TOTAL:</b> \$ _____	<b>REVISED CONTRACT TOTAL:</b> \$ _____

## 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)  
**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

**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/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

**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

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.
- 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)  
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
<b>FILE SECTION 1 (Owner)</b>		
Recorded Declaration of Covenants and Restrictions	[Grey Box]	
<b>FILE SECTION 2 (Invoices, Checklists, Waivers)</b>		
Project Summary Sheet (updated)		
Phase 2 Invoice		
Change Order(s) if applicable		
Change Order (s) Invoice (s)		
Phase 2 Document Checklist	[Grey Box]	
<b>FILE SECTION 3 (Contractor Documents)</b>		
Pre-Construction Progress Report	[Grey Box]	
Construction Progress Report (s)		
Certificate of Final Inspection		
Contractor Payment Request/Release of Liens	[Grey Box]	
Contractor Invoice(s)		
Final Septic Inspection and Sign-Off by Code Enforcement <i>(if applicable)</i>	[Grey Box]	
<b>FILE SECTION 4 (Estimates, Bids, Reports, Designs)</b>		
Summary of Lead Paint Hazard Reduction Activity <i>(if applicable)</i>	[Grey Box]	
<b>FILE SECTION 5 (Other Compliance)</b>		
Lead Dust Wipe Sample Report <i>(if applicable)</i>	[Grey Box]	
<b>FILE SECTION 6 (Photos, Correspondence, Misc.)</b>		
Digital Color Photographs (multiple of interior and exterior)		
Correspondence	[Grey Box]	

\_\_\_\_\_  
CAA Representative Signature

\_\_\_\_\_  
Date