Maine State Housing Authority (MaineHousing)

2016 HOME REPAIR PROGRAM

COST REASONABLENESS

APPLICANT(S) (OWNER):

First Name MI Last Name

Mailing Address

City State Zip

Telephone Number

CONTRACTOR:

Contractor Name

Contractor Mailing Address

Contractor City State Zip

Contractor Telephone Number

PROPERTY:

Street City State Zip

CAA INSPECTOR:

☐ I hereby certify that I have reviewed and discussed with the Owner the bids from the above-named Contractor and find them to be cost reasonable. *The method used to make this determination is:*

☐ I hereby certify that I have reviewed and discussed with the Owner the bids from the above-named Contractor and find them to NOT be cost reasonable. *The following actions were taken:*

Signature of CAA Inspector Date

CAA Inspector Name Printed

Signed by all Owners of the property:

Signature of Applicant Date

Signature of Co-Applicant Date