

**MOBILE HOME REPLACEMENT PROGRAM
PHASE 2 DOCUMENTS - BUNDLE COVER SHEET**

- INSTRUCTIONS:**
1. Save this Bundle to your agency's computer/server before populating the Cover Sheet. The web browser is not designed to retain data.
 2. Adobe bookmarks serves as a table of contents for the bundle and allows the user to navigate through the forms as needed to edit and/or provide any missing information.
 3. Print documents for signatures. The Phase 2 Document Checklist specifies which documents need to be electronically transmitted to MaineHousing through ShareFile.

This Bundle contains the documents identified below.

Phase 2 Document Checklist
 Certificate and Release of Liens
 Certificate of Final Inspection
 Contractor Payment Request
 Notice of Final Escrow Disbursement (Appendix A to Promissory Note)

These documents are not included in the Bundle.

Waiver Request
 Change Order
 MOHO Invoice

Provide the following data and documents will auto-populate:

APPLICANT (OWNER - BORROWER)

First Name _____ MI _____
 Last Name _____
 Mailing Address _____
 City _____
 State _____ Zip _____
 Telephone _____
 Email _____

CO-APPLICANT

First Name _____ MI _____
 Last Name _____
 Mailing Address _____
 City _____
 State _____ Zip _____
 Telephone _____
 Email _____

PROPERTY LOCATION

Property Street _____
 Property City _____
 Property State _____ Zip _____

CAA (ESCROW AGENT)

CAA Name _____
 Mailing Address _____
 City _____
 State _____ Zip _____
 Telephone _____
 Rep Name _____
 Rep Telephone _____
 Rep Email _____
 Technician Name _____
 Technician Telephone _____
 Technician Email _____

FUNDING

Mobile Home Replacement D/F Loan \$ _____
 Owner Contribution \$ _____
TOTAL FUNDS \$ _____

CONTRACT

Contract Price \$ _____
 Contract Date _____
Project Start Date _____
Project Completion Date _____

CONTRACTOR

Contractor Name _____
 Mailing Address _____
 City _____
 State _____ Zip _____
 Telephone _____
 Contractor Rep Name _____
 Contractor Rep Email _____

MOBILE HOME REPLACEMENT PROGRAM PHASE 2 - DOCUMENT CHECKLIST

Applicant/Owner: _____ **CAA:** _____
First MI Last CAA Name

Property: _____
Street City State Zip

	Copy to MSHA	Retain Original in File	Original to MSHA	Reviewed by MSHA Date & Initial	Notes
FILE SECTION 1 (Applicant/Property Documents)					
Recorded Mortgage Deed			X		
Notice of Final Escrow Disbursement - Appendix A to Promissory Note			X		
FILE SECTION 2 (Invoices, Checklists, Waivers)					
Phase 2 MOHO Invoice	X	X			
Phase 2 Document Checklist	X	X			
FILE SECTION 3 (Contractor Documents)					
Contractor Payment Request	X	X			
Certificate of Final Inspection	X	X			
Certificate and Release of Liens	X	X			
Change Order <i>(if applicable)</i>	X	X			
Punch List		X			
FILE SECTION 6 (Photos, Correspondence, Misc.)					
Digital color photographs	X	X			
Correspondence		X			

CAA certifies that it has retained and organized the above-referenced documents in a file for auditing by MaineHousing.

 CAA Representative Signature

 Date

 CAA Representative Name

**MOBILE HOME REPLACEMENT PROGRAM
CERTIFICATE AND RELEASE OF LIENS**

APPLICANT:

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CAA Technician:

Technician Name: _____

Technician Telephone: _____

Technician Email: _____

Contract Date: _____

Regarding the above Contract:

1. The undersigned hereby certifies that there is due from and payable by the Applicant to the Contractor the balance of \$_____ pursuant to the Contract and duly approved Change Orders and modifications.

2. The undersigned certifies that all work required under this 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 this Contract.

3. Upon receipt of the final payment stated in Paragraph 1 hereof, the undersigned does hereby release the Owner from any and all claims arising under or by virtue of this Contract; provided, however, that if for any reason the Owner 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. Regarding the Construction Contract entered into between the Applicant/Owner 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:

Contractor Representative Signature

Date

Contractor Representative Name

Acknowledged by:

Applicant/Owner Signature

Date

Co-Applicant/Co-Owner Signature

Date

**MOBILE HOME REPLACEMENT PROGRAM
CERTIFICATION OF FINAL INSPECTION**

APPLICANT:

First Name MI Last Name

PROPERTY:

Property Street

Property City Property State Property Zip

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

CAA Technician:

Technician Name: _____

Technician Telephone: _____

Technician Email: _____

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, 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.

CAA Technician Signature

Date

Applicant/Owner Signature

Date

Co-Applicant/co-Owner Signature

Date

MOBILE HOME REPLACEMENT PROGRAM
APPENDIX A TO PROMISSORY NOTE

NOTICE OF FINAL ESCROW DISBURSEMENT

APPLICANT (BORROWER):

First Name MI Last Name

Mailing Address

City State Zip

PROPERTY:

Property Street

Property City Property State Property Zip

CO-APPLICANT (BORROWER):

First Name MI Last Name

Mailing Address

City State Zip

COMMUNITY ACTION AGENCY (CAA):

CAA Name

Dear Borrower:

The proceeds of your Promissory Note dated _____, 2016 in the amount of \$_____ have now been fully disbursed. As agreed under the terms of the Note you are hereby notified that the amount of unused proceeds being applied to reduce your loan balance is equal to \$_____.

Signature of CAA Representative

Date

CAA Representative Name

CAA Representative Telephone

CAA Representative Email

**MOBILE HOME REPLACEMENT PROGRAM
CONTRACTOR PAYMENT REQUEST**

APPLICANT (Owner):

First Name MI Last Name

Mailing Address

City State Zip

CONTRACTOR:

Contractor Name

Contractor Mailing Address

City State Zip

PROPERTY:

Property Street Property City Property State Property Zip

CONTRACT PRICE: \$ _____

CONTRACT DATE: _____

TYPE OF PAYMENT: Final 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 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 amount of \$ _____.

CAA Technician Signature Date

CAA Technician Name

APPLICANT/OWNER:

Your signature on this Payment Request form means that you understand and agree with the following:

- The materials being billed for this project have been installed in/on your home.
- The work being billed for this project phase has actually occurred.
- You are satisfied with the work that the contractor has performed.
- You are requesting payment to the contractor for the above work and materials.
- You agree that this information has been explained to you and you understand this payment request process.

If you have concerns about the work being done to your home, you should discuss them with the Community Action Agency before signing this form.

Applicant/Owner Signature Date

Co-Applicant/co-Owner Signature Date

MOBILE HOME REPLACEMENT PROGRAM
MAINEHOUSING INVOICE

Instructions: Return the completed Invoice and Document Checklist to MaineHousing for processing.

APPLICANT: _____
First MI Last

PROPERTY: _____
Property Street Property City Property State Property Zip

PHASE 1

Original Funding

Construction Costs	\$
Mortgage Payoff Amount	\$
Homeowner Education (max \$1,000)	\$
Merchant Fee	\$
Registry Filing Fee	\$
Total Original Funding	\$
Phase 1 Administrative Fee	\$

INITIAL PAYMENT **\$**

Change Order/Additional Funding

Additional Funding

Temporary Relocation	\$
	\$
	\$
Total Additional Funding	\$
Phase 1 Additional Administrative Fee	\$

ADDITIONAL PAYMENT **\$**

PHASE 2

Final Funding

Total Funding	\$
Phase 2 Administrative Fee	\$

FINAL PAYMENT **\$**

TOTAL PROJECT AMOUNT **\$**

CAA SIGNATURE:

 CAA Representative Signature

 Date

 CAA Representative Name