

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
PHASE 1 INVOICE

Agency (CAA): _____
CAA Address: _____
(Street, City, State, Zip)
Applicant Name: _____
Property: _____
(Street, City, State, Zip)

CAA Contact Name: _____
CAA Contact Phone: _____
CAA Contact Email: _____
Co-Applicant Name: _____
Submission Date: _____

Grant Funding

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

Total Grant

\$ _____

Expenses

Water Test (\$50.00 for CCI, WMCA and YCCAC) \$ _____
Water Test (\$70.00 for ACAP, DCP, KVCAP, PCAP and WCAP) \$ _____
Walk Away Fee (\$150.00) \$ _____
Septic Design Fee \$ _____
Declaration of Covenants & Restrictions registry filing fee \$ _____

Total Expenses

\$ _____

Phase 1 Administration Fee

\$ _____

INITIAL PAYMENT AMOUNT

\$ _____

NOTE: Invoices automatically calculate Administration Fees based on total Grant Funding amounts and eligible fees.

Please provide a detailed explanation as to why this project is a walk away and include pictures of the property:

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CHANGE ORDER INVOICE

Agency (CAA): _____
CAA Address: _____
(Street, City, State, Zip)
Applicant Name: _____
Property: _____
(Street, City, State, Zip)

CAA Contact Name: _____
CAA Contact Phone: _____
CAA Contact Email: _____
Co-Applicant Name: _____
Submission Date: _____

INSTRUCTIONS: *Change Orders* requiring additional funding must be accompanied by this *Change Order Invoice* to be eligible for payment.

CHANGE ORDER #1

Submission Date: _____ Prepared by: _____

Additional Grant Funding

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

Total Additional Grant Funding \$ _____

Additional Expenses

_____ \$ _____
_____ \$ _____
Total Additional Expenses \$ _____

Phase 1 Administration Fees \$ _____

CHANGE ORDER #1 PAYMENT AMOUNT \$ _____

CHANGE ORDER #2

Submission Date: _____ Prepared by: _____

Additional Grant Funding

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

Total Additional Grant Funding \$ _____

Additional Expenses

_____ \$ _____
_____ \$ _____
Total Additional Expenses \$ _____

Phase 1 Administration Fees \$ _____

CHANGE ORDER #2 PAYMENT AMOUNT \$ _____

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
PHASE 2 INVOICE

Agency (CAA): _____
CAA Address: _____
(Street, City, State, Zip)
Applicant Name: _____
Property: _____
(Street, City, State, Zip)

CAA Contact Name: _____
CAA Contact Phone: _____
CAA Contact Email: _____
Co-Applicant Name: _____
Submission Date: _____

INSTRUCTIONS: Unpaid *Change Orders* must be accompanied by the *Change Order Invoice* to be eligible for payment and submitted prior to or along with the Phase 2 Invoice.

Grant Funding

Phase 1 - Grants (Home Repair)¹ \$ _____
Change Order - Additional Grant (Home Repair)² \$ _____

Total Grant Funding \$ _____

Unpaid Additional Expenses³

\$ _____
\$ _____
Total Additional Expenses \$ _____

Phase 2 Administration Fee

\$ _____

PHASE 2 PAYMENT AMOUNT

\$ _____

¹The initial Grant Funding amount entered on the Phase 1 submission.

²The total of all additional Grant Funding amounts resulting from approved Change Orders.

³Unpaid Additional Expenses means expenses not captured on Phase 1 or Change Order invoices.

NOTE: The Phase 2 Invoice automatically calculates Administration Fees based on the total Grant Funding and eligible fees entered on the Phase 1 Invoice and Additional Grant Funding amounts entered on the Change Order Invoices.

MaineHousing Only			
Payment Adjustment	\$ _____	TOTAL ADJUSTED PAYMENT	\$ _____
Explanation:			

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
INVOICE SUMMARY

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 (Street, City, State, Zip)
 Applicant Name: _____
 Property: _____
 (Street, City, State, Zip)

CAA Contact Name: _____
 CAA Contact Phone: _____
 CAA Contact Email: _____
 Co-Applicant Name: _____
 Submission Date: _____

PHASE 1

Submission Date: _____

Original Grant Amount	\$		Phase 1 Admin Fee	\$	
Additional Expenses	\$				
PHASE 1 – TOTAL FUNDED				\$	

CHANGE ORDERS

Change Order 1

Submission Date: _____

			Phase 1 Admin Fees		
Additional Grants	\$			\$	
Additional Expenses	\$				
Change Order 1 – Total				\$	

Change Order 2

Submission Date: _____

			Phase 1 Admin Fees		
Additional Grants	\$			\$	
Additional Expenses	\$				
Change Order 2 – Total				\$	
CHANGE ORDERS - TOTAL FUNDED				\$	

PHASE 2

Submission Date: _____

Unpaid Expenses	\$				
Phase 2 Admin Fee	\$				
PHASE 2 –TOTAL FUNDED				\$	
TOTAL PROJECT FUNDED				\$	