

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**

Weatherization Tasks

\$

Water Test (\$50.00 for CCI, WMCA and YCCAC)

\$

Water Test (\$70.00 for ACAP, DCP, KVCAP, PCAP and WCAP)

\$

Walk Away Fee (\$300.00)

\$

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 | \$ |

Additional Expenses

| | |
|----------------------------------|-----------|
| | \$ |
| | \$ |
| Total Additional Expenses | \$ |

| | | | |
|---------------------------------------|-----------|------------------------------------|-----------|
| Total Additional Grant Funding | \$ | 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 | \$ |

Additional Expenses

| | |
|----------------------------------|-----------|
| | \$ |
| | \$ |
| Total Additional Expenses | \$ |

| | | | |
|---------------------------------------|-----------|------------------------------------|-----------|
| Total Additional Grant Funding | \$ | 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

| | | | |
|-----------------|----------------------------|--------------------|--|
| Agency (CAA): | | CAA Contact Name: | |
| CAA Address: | | CAA Contact Phone: | |
| | (Street, City, State, Zip) | CAA Contact Email: | |
| Applicant Name: | | Co-Applicant Name: | |
| Property: | | Submission Date | |
| | (Street, City, State, Zip) | | |

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 | | | \$ |