

HARP APPLICATION

This HARP Application is time sensitive. The Community Action Agency (CAA) will require additional documentation to process your application. If you fail to provide the completed application and requested documentation within 30 days from the postmark date on the blank HARP Application, you will be removed from the HARP Wait List and will have to contact your local CAA to get back on the HARP Wait List.

INSTRUCTIONS: Complete and return the completed and signed Application to the CAA below

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: _____

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: _____
 (First, MI, Last)

Mailing Address: _____ Evening Phone: _____
 (Street, City, State, Zip)

Property Address: _____ Email Address: _____
 (Street, City, State, Zip)

List all people in the household, their age, full-time student status and veteran status

Household Member's Name	Age	Full Time Student		Veteran	
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No

PROPERTY INFORMATION

Property Address: _____

1. Is this your primary residence? Yes No
If no, is this a rental property? Yes No

2. Is this a mobile home Yes No
If yes, do you own the land? Yes No

3. When did you purchase the property? _____

4. What year was this home constructed? _____

5. How many bedrooms are in this property?

6. Does your property have any tax and/or wastewater liens filed against it? Yes No

7. Do you have a mortgage? Yes No

If yes, is it up to date? Yes No

8. Do you have homeowner's Insurance? Yes No If yes, is the repair(s) covered? Yes No

If yes repair(s) covered, what is the clients deductible? _____

The \$ amount of the repair(s) that the insurance covers? _____

9. Have you received any assistance from MaineHousing programs in the past? Yes No
(e.g., HEAP, Weatherization, Home Repair, Heat System Repair/Replacement)

If yes, please state the program(s) and year(s):

Program: _____ Year: _____

10. Do you have barriers that pose safety risks and prevent you from being able to safely navigate in, out of and within your home? (Examples include grab bars needed to safely bathe, ramp to enter the home) Yes No

11. Water Source: Private Public

12. Do you have an arsenic abatement system? Yes No

13. Has your water been tested for arsenic within the past 12 months? Yes No

If yes, Date of Water Test: _____

Was the arsenic level greater than 10 ug/L? Unsure Yes No

14. Does your water source provide adequate and safe water? Yes No

15. Is your roof currently leaking? Yes No

If yes, how long has it been leaking? _____

On a scale of 1-10, how severe is the roof leak? _____

Is water leaking into your living space? Yes No

Has water created other issues in your home? Yes No

If yes, please explain below: _____

16. Is your septic backing up in your home? Yes No

If yes, where is it backing up and for how long? _____

17. Is your septic backing up onto your lawn? Yes No

If yes, for how long? _____

18. Do you have a working heating system? Yes No

If no, how long has it been inoperable? _____

If no, please explain the issue with the heat system: _____

Please use the space below to explain the condition of your home and what repairs and/or modifications are needed. Please be specific.

HOUSEHOLD INCOME

Total household income shall include the combined gross income of **all household members, excluding dependents under the age of 18** at the time of this Application.

List the gross monthly income under the contributing household member(s).

Adult Household Member's Name				
Wages/Salary	\$	\$	\$	\$
Overtime/Commissions	\$	\$	\$	\$
VA Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Disability Benefits	\$	\$	\$	\$
TANF/General Assistance/Other	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Recurring Checks/Digital Deposits	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$
Total Annual Income	\$	\$	\$	\$
Total Household Annual Income	\$			

ASSET INFORMATION

List cash, checking, savings, CD & money market accounts, and any amounts kept in digital wallet accounts such as Venmo, PayPal, Cash App, Zelle, etc. as of the date of this Application.

Name and Address of Financial Institution	Type of Account	Account Balance
		\$
		\$
		\$
		\$

List all stocks, bonds & mutual funds as of the date of this Application.

Name and Address of Investment Firm or Broker	Type of Investment	Current Value
		\$
		\$
		\$
		\$

List All Real Estate as of the date of this Application (including property jointly owned).

Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount
			\$
			\$
			\$
			\$

Applicant(s) please continue to page 4

Office Use Only

The Gross Income as calculated pursuant to this Application has been verified by the CAA to be: \$

Maximum Eligible Income for this applicant is: \$

CAA Representative Signature

Date

CAA Representative Name

V. ACKNOWLEDGEMENT, CERTIFICATION AND AUTHORIZATION

ACKNOWLEDGEMENT: I SPECIFICALLY ACKNOWLEDGE AND AGREE THAT:

- (1) The property will not be used for any illegal or prohibited purpose or use;
- (2) All statements made in this application area made for the purpose of obtaining the grant provided by the program;
- (3) Verification or re-verification of any information contained in this application may be made at any time by the program from any source named in this application;
- (4) The original copy of this application will be retained by the program;
- (5) The program will rely on the information contained in this application;
- (6) I have a continuing obligation to amend and/or supplement the information provided in this application, if any, of the material facts that I have represented in this application should change prior to the grant closing.
- (7) I acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties.
- (8) I understand that no proceeds of the Program grant(s) will be used to compensate me, a Co-Applicant/Co-Owner, or any other household member, for labor and/or materials. I understand that no proceeds of the grant will be used to pay for the labor of any member of my family in making the improvements unless the family member owns and operates a construction business and meets the minimum contractor standards by becoming pre-qualified by the Community Action Agency and MaineHousing. I understand that as used in the preceding sentence the term “family” includes my brothers and sisters (whether by the whole or half-blood) spouse, ancestors, and lineal descendants.
- (9) I understand that upon sufficient notice of such, MaineHousing and/or the Community Action Agency should have the right of entry to the project and the right to inspect all work done, material, equipment and fixtures furnished, installed or stored in and about the project.
- (10) I understand I cannot sell, transfer, rent, or otherwise vacate the residence listed in this Application for a period of 3 years from the date the Declaration of Covenants and Restrictions is registered with the applicable County Registry of Deeds.

Notice of Intent to Occupy: Occupation of the property will be as my primary residence only. I do not intend to sell, transfer, rent or otherwise vacate the residence listed in this Application for a period of 3 years from the date of this Application.

Certification: I certify, attest, and affirm under penalty of perjury that the above information is complete and accurate to the best of my knowledge and belief. I authorize the Maine State Housing Authority and the State of Maine to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the Maine State Housing Authority on this HARP Application may result in federal and state criminal and civil actions for fines, penalties, damages or imprisonment. I have read and understand the above attestation. I am signing this HARP Application by electronically entering my name or providing a wet signature below the Statement of Release.

Statement of Release: I authorize the Community Action Agency, on behalf of the Program, to contact any employer, town official, financial institution, or other agency deemed necessary to obtain information or verification required to complete my request for housing repairs/replacement. This Statement of Release shall be valid from the date of my/our signature(s) below.

Signed by all owners of the property

Applicant/Owner Signature

Date

Co-Applicant/Co-Owner Signature

Date

VI. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is required by the Federal Government for certain types of funding related to a dwelling or order to monitor compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an agency may discriminate neither based on this information, nor on whether you choose to furnish it. However, if you choose not to furnish the information, under federal regulations the agency is required to note race or national origin and sex based on visual observation or surname. If you do not wish to furnish the information, please check below.

Applicant/Owner

I do not wish to furnish this information.

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Race: American Indian or Alaska Native

Asian

Black or African American

White

Gender: Female Male

Co-Applicant/Co-Owner

I do not wish to furnish this information.

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Race: American Indian or Alaska Native

Asian

Black or African American

White

Gender: Female Male

PERMISSION TO SHARE INFORMATION

INSTRUCTIONS: All household members 18 years old or older must sign the Permission To Share Personal Information form.

Your personal information is confidential. With your consent, your personal information, including historical information, will be made available to other agencies, including MaineHousing Partner Agencies, who may provide services to you through the Home Accessibility and Repair Program or other MaineHousing Programs. A list of MaineHousing Partner Agencies is available from MaineHousing.

I grant permission to MaineHousing, the above-named CAA and MaineHousing Partner Agencies to:

- (1) provide my social security number and other personal information to state and federal agencies for the purpose of determining and confirming my eligibility for MaineHousing programs and programs administered by the CAA;
- (2) provide my contact information to other state, federal, and local government entities and not for profit agencies for the purpose of notifying me of other programs administered by such government entities and not for profit agencies;
- (3) provide information to and obtain information from the agencies referenced above or others as needed to determine and confirm eligibility for MaineHousing programs and other programs administered by the CAA; and
- (4) disclose my personal information for the determination of eligibility for programs administered by State, federal, and local agencies.

I also grant permission to state and federal agencies to share my personal information relevant to application for the Home Accessibility and Repair Program and other MaineHousing programs with MaineHousing. I understand this information may include the benefits I received.

I specifically grant permission to Local Housing Authorities, Maine Department of Health and Human Services, Maine Department of Labor, and the Social Security Administration, and their successor agencies, to share my personal information, including benefits received, relevant to application for the Home Accessibility and Repair Program and other programs with MaineHousing.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date