

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

NOTICE OF PRELIMINARY APPROVAL

Agency (CAA): _____

CAA Technician Name: _____

CAA Address: _____
(Street, City, State, Zip)

CAA Technician Phone: _____

CAA Technician Email: _____

Applicant Name: _____

Co-Applicant Name: _____

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

Grant Amount: _____

Your Application for a grant from the Home Accessibility and Repair Program (Program) with the above-referenced CAA has been reviewed and approved for the following:

| Grant Funds | |
|------------------------------------|-----------|
| Home Repair | \$ |
| Older Adult Home Repair | \$ |
| Emergency Home Repair | \$ |
| Emergency Manufactured Home Repair | \$ |
| Accessibility | \$ |
| TOTAL GRANT FUNDS | \$ |

The CAA will hold a total of \$_____ in escrow from the Program funded by the MaineHousing.

| You will need to bring the following documents with you to the Closing: | |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| Your Closing is scheduled on: | |

Date: _____ Time: _____

Place: _____

It is important that you bring the above-mentioned items (if applicable) to Closing to avoid any delays. If you have any questions, please contact your CAA Representative prior to your Closing date.

 CAA Representative Signature

 CAA Representative Name

 Date

 CAA Representative Phone

 CAA Representative Email