

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	\$ _____
<b>Total Grant</b>	\$ _____

**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: