

**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: