

Maine State Housing Authority (MaineHousing)
HOME REPAIR PROGRAM
WAIVER REQUEST

APPLICANT:

COMMUNITY ACTION AGENCY (CAA):

First Name MI Last Name

CAA Name

PROPERTY:

CAA Representative:

Name: _____

Telephone: _____

Email: _____

Property Street

Property City Property State Property Zip

| Program | Additional \$ Needed | Contractor |
|---|----------------------|------------|
| | \$ | |
| Reason/Explanation <i>(Attach if more space is required)</i> | | |

| Program | Additional \$ Needed | Contractor |
|---|----------------------|------------|
| | \$ | |
| Reason/Explanation <i>(Attach if more space is required)</i> | | |

| Program | Additional \$ Needed | Contractor |
|---|----------------------|------------|
| | \$ | |
| Reason/Explanation <i>(Attach if more space is required)</i> | | |

TOTAL NEEDED \$ _____ **REVISED PROJECT TOTAL** \$ _____

CAA Representative Signature

Date _____

| COMPLETED BY MAINEHOUSING | |
|--|---|
| <p>WAIVER REQUEST APPROVED</p> <p>_____ MaineHousing Technical Services Specialist Signature</p> <p>_____ MaineHousing Program Officer Signature</p> <p>Explanation:</p> <p>_____</p> <p>_____</p> | <p>WAIVER REQUEST DENIED</p> <p>Date _____</p> <p>Date _____</p> |