

Maine State Housing Authority (MaineHousing)  
WEATHERIZATION ASSISTANCE PROGRAM (WAP)  
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

## WAIVER REQUEST

**PRIMARY APPLICANT:**

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
First Name            MI            Last Name

\_\_\_\_\_  
CAA Name

**PHYSICAL ADDRESS (Property):**

**CAA Representative:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Property Street

\_\_\_\_\_  
Property City            Property State            Property Zip

*Please check applicable funding source(s) and provide a reason/explanation for the waiver request.*

**CHIP**             **DOE**             **HEAP**

<b>Reason/Explanation</b> <i>(Attach additional documentation if applicable)</i>	

\_\_\_\_\_  
CAA Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Housing Director Signature

\_\_\_\_\_  
Date

**COMPLETED BY MAINEHOUSING**

**WAIVER REQUEST APPROVED**

**WAIVER REQUEST DENIED**

\_\_\_\_\_  
MaineHousing Program Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MaineHousing Program Manager Signature

\_\_\_\_\_  
Date

**Comments:**

\_\_\_\_\_