

Maine State Housing Authority (MaineHousing)
 WEATHERIZATION ASSISTANCE PROGRAM (WAP)
PROJECT COVER SHEET

INSTRUCTIONS: Complete this Cover Sheet to auto-populate the forms. Use Adobe's bookmark navigation feature to view forms in the bundle. *Tip: Print the entire bundle or right click on the form name in the bookmarked list to print individual forms.*
NOTE: The web site is not designed to retain data. Save form(s) to your computer-network before populating. Do not save blank forms on your computer for future use; download blank forms from the web site to ensure that you are using the most current version. *Tip: Save the website to your browser favorite's bar for quick access.*

PRIMARY APPLICANT	
First Name	_____ MI _____
Last Name	_____
Mailing Address	_____
City	_____
State	_____ Zip _____
Telephone	_____
Email	_____

OWNER (if different than Applicant)	
First Name	_____ MI _____
Last Name	_____
Company	_____
Mailing Address	_____
City	_____
State	_____ Zip _____
Telephone	_____

PHYSICAL ADDRESS (PROPERTY)	
Property Street	_____
Property City	_____
Property State	_____ Zip _____

COMMUNITY ACTION AGENCY (CAA)	
CAA Name	_____
Mailing Address	_____
City	_____
State	_____ Zip _____
Telephone	_____

PROJECT	
Work Order #	_____
Work Order Issue Date	_____
Completion Date	_____
Project Cost	\$ _____

Representative Name	_____
Representative Telephone	_____
Representative Email	_____
Technician Name	_____
Technician Telephone	_____
Technician Email	_____
Inspector Name	_____
Inspector Telephone	_____
Inspector Email	_____

CONTRACTOR (CREW)	
Contractor Name	_____
Mailing Address	_____
City	_____
State	_____ Zip _____
Representative Name	_____
Telephone	_____
Email	_____
Technician Name	_____

COMMENTS

PROJECT DOCUMENTS REQUIRED BY MAINEHOUSING

Use this checklist to indicate which of the following final/signed documents have been uploaded to HEAT Enterprise.

- | | |
|--|--|
| <input type="checkbox"/> Consent Form | <input type="checkbox"/> Deferral of Services Notice (if applicable) |
| <input type="checkbox"/> Proof of Ownership | <input type="checkbox"/> Approved Waiver(s) (if applicable) |
| <input type="checkbox"/> Power Source Signoff | |
| <input type="checkbox"/> Final Ventilation Checklist (ASHRAE) | |
| <input type="checkbox"/> Inspection Completion | |
| <input type="checkbox"/> Thermal Barrier Application (if applicable) | |
| <input type="checkbox"/> Contractor Proposal/Cost Estimate | |
| <input type="checkbox"/> Contractor Invoice | |
| <input type="checkbox"/> Contractor Release of Liens | |
| <input type="checkbox"/> Pre & Post Photographs (if applicable) | |
| <input type="checkbox"/> Rental Agreement (if applicable) | |

- | Appliance Repair/Replacements must also include the following: |
|--|
| <input type="checkbox"/> Appliance Replacement Consent |
| <input type="checkbox"/> Photograph of existing appliance with tag |
| <input type="checkbox"/> Appliance vendor invoice for delivery, install and/or repair |
| <input type="checkbox"/> Technician Evaluation |
| <input type="checkbox"/> Documentation verifying energy source for appliance |
| <input type="checkbox"/> Documentation verifying delivery/install instructions (with client signature) |

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

FINAL INDOOR AIR QUALITY CHECKLIST
ASHRAE 62.2 – 2013 Residential Ventilation Standard

PRIMARY APPLICANT:

OWNER (if different than Applicant):

First Name MI Last Name

First Name MI Last Name

PHYSICAL ADDRESS (Property):

COMMUNITY ACTION AGENCY (CAA):

Street

CAA Name

City State Zip

The following ventilation equipment is installed in the Property:

- Bath Fan Fan timer Switch Range Hood In-line Fan

To meet Indoor Air Quality Standards the Inspector has set ventilation equipment to the following specifications:

Cubic Feet per Minute
(CFM) required _____

Measured Exhaust Fan Full
Speed (CFM) _____

Fan/timer operation schedule: _____

In the event of power outage, please refer to the manufacturer's operating instructions to reprogram the original fan/timer settings to those specified above.

Notes: _____

A copy this form was provided to the Applicant as part of client education; a copy is kept with the Applicant's file

Signature of CAA Inspector

Date

CAA Inspector Name

CAA Inspector Telephone

ACKNOWLEDGEMENT

- I received owner's manuals for all installed ventilation equipment.
 The process of ventilation has been explained to me and I understand that altering the settings/disconnecting the ventilation equipment may result in unhealthy indoor air quality.

APPLICANT:

OWNER (if different than Applicant):

Signature of Applicant Date

Signature of Owner Date

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RENTAL AGREEMENT

1. The parties to this Rental Agreement (hereinafter the "Agreement") are the following:
_____ Hereinafter "Tenant"
_____ Hereinafter "Landlord"
_____ Hereinafter "Agency"
2. The Landlord consents and agrees that the Agency may make WAP and/or CHIP improvements or repairs in accordance with the MaineHousing rules to the property located at _____ in _____ Maine (hereinafter "Property") and presently leased to the Tenant.
3. In consideration of the WAP and/or CHIP services provided by the Agency, the parties agree to the following:
 - a. OTHER LETTING OR LEASE AGREEMENT - The parties agree that the terms of this Agreement are incorporated into any written letting or lease agreement between the Landlord and the Tenant and if there is any conflict between the provisions of this Agreement and the provisions of such letting or lease agreement, the provisions of this Agreement shall govern.
 - b. RENT INCREASE - The present rent for the Property is \$_____ per _____. The amount of rent will not be raised because of any increase in the value of the Property due solely to the WAP and/or CHIP improvements made to the Property during the term of this Agreement as described in Section 5 below. The amount of rent charged to the Tenant may only be increased to reflect the Tenant's prorated share (being determined by a ratio of the living space in the Tenant's apartment to the total building residential space) of the following expenses actually incurred and documented by the Landlord:
 - i. Actual increases in property taxes other than increases due to WAP and/or CHIP improvements made to the Property, as documented by a property tax bill relative to the Property.
 - ii. Actual cost of amortizing improvements other than WAP and/or CHIP improvements to the Property which occurred on or after the date of this Agreement and which directly benefits the Tenant as relevant evidence of such improvements.
 - iii. Actual increases in expenses of maintaining and operating the Property, as documented by bills, invoices and other relevant evidence of such expenses, taking into account the savings attributable to WAP and/or CHIP improvements made to the Property.

This section may be waived if, and only if, the Property is found eligible for subsidy, in which case the actual rent charged by the Landlord shall conform to the standards of such subsidy program.
 - c. TERMINATION OF TENANCY - There shall be no termination of tenancy except for the following reasons: (1) the Tenant, Tenant's family or an invitee of the Tenant has caused substantial damage to the Property which the Tenant has not repaired or caused to be repaired, (2) the Tenant has caused or permitted a nuisance at the Property, (3) the Tenant has caused or permitted an invitee to cause the Property to become unfit for human habitation, (4) the Tenant has violated or permitted a violation of the law regarding tenancy, (5) the Tenant is seven (7) days or more in arrears in payment of the rent. Termination shall be in accordance with the provisions of 14 M.R.S.A § 6002 (1).

d. SALE OF PROPERTY - In the event the Landlord sells the Property within one (1) year of the completion of the WAP and/or CHIP improvements, the Landlord agrees to pay the Agency an amount equal to the cost of the WAP and CHIP improvements made to the Property as of the date of sale. Said amount shall be paid to the Agency within sixty (60) calendar days of the date of sale.

4. Landlord agrees that in the event that the Tenant's tenancy is terminated before one (1) year from the completion of WAP and/or CHIP improvements, the Landlord will exercise its best efforts to lease the Property to a low-income Tenant.
5. The Agreement will begin on the date of the signature of the parties and will expire on the first rent payment date which occurs twelve (12) months after the date the WAP and/or CHIP work is completed, as documented by the WAP/CHIP Inspection Completion form.
6. It is intended by the parties that all parties to this Agreement, including the Tenant, are beneficiaries of this Agreement and shall have the right to enforce this Agreement.
7. The Landlord and the Tenant authorize the Agency to receive a statement from the fuel supplier/utility supplier as to the quantity of fuel used at the Property in each of the past three (3) years and the future three (3) years. The information is to be used only to determine the cost effectiveness of the WAP and CHIP improvements.

Dated _____

Landlord Signature

Witness

Dated _____

Tenant Signature

Witness

Dated _____

Agency Signature

Witness

Maine State Housing Authority (MaineHousing)
WEATHERIZATION ASSISTANCE PROGRAM (WAP)

THERMAL BARRIER APPLICATION
Weatherization Contractor / Applicator Verification

PRIMARY APPLICANT:

First Name MI Last Name

PHYSICAL ADDRESS (Property):

Street

City State Zip

OWNER (if different than Applicant):

First Name MI Last Name

CONTRACTOR:

Contractor Name

COMMUNITY ACTION AGENCY (CAA):

CAA Name

Thermal Barrier Product (must be approved by Maine State Fire Marshall):

I verify that the above noted thermal barrier was installed per the manufacturer's specifications.

Additionally, I verify that one depth gauge card was visibly installed on each wall surface with the product ID on the gauge.

Lastly, I verify a copy of the product specifications sheet for the installed thermal barrier as well as all applicable MSDS information has been provided to the client / homeowner, named above, at job completion.

Contractor Representative Signature

Date

Contractor Representative Name

Maine State Housing Authority (MaineHousing)
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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**

Reason/Explanation <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:
