



STATE LEAD PAINT HAZARD ABATEMENT PROGRAM

WAIVER REQUEST

APPLICANT:

COMMUNITY ACTION AGENCY (CAA):

Entity or Owner First Name MI Last Name

CAA Name

PROPERTY:

CAA Representative:

Property Street

Name:

Property City Property State Property Zip

Phone:

Email:

Program	Additional \$ Needed	Contractor
	\$	
Reason/Explanation (Attach if more space is required)		

Program	Additional \$ Needed	Contractor
	\$	
Reason/Explanation (Attach if more space is required)		

Program	Additional \$ Needed	Contractor
	\$	
Reason/Explanation (Attach if more space is required)		

TOTAL NEEDED \$ REVISED PROJECT TOTAL \$

CAA Representative Signature

Date

COMPLETED BY MAINEHOUSING

WAIVER REQUEST APPROVED

WAIVER REQUEST DENIED

MaineHousing Technical Services Specialist Signature

Date

MaineHousing Program Officer Signature

Date

Explanation: