

HOME ENERGY ASSISTANCE PROGRAM (HEAP)

WAIVER REQUEST

CAA Name: _____ CAA Phone: _____
CAA Address: _____ CAA Fax: _____
_____ CAA Email: _____

Primary Applicant: _____ Create Date: _____
Client ID#: _____

INSTRUCTIONS: A Waiver Request is required for any deviation from the policies/procedures outlined in the Rule, State Plan, or Handbook. Submit request and supporting documentation to LIHEAP@mainehousing.org *or* 207-624-5780 (fax).

Reason for Request:

Actions/research CAA has completed to justify an exception:

Identify documentation you are attaching as support:

CAA Representative Signature _____ Date _____

CAA Energy Director Signature _____ Date _____

MAINEHOUSING ONLY

Date Request Received: _____

Approved Denied By: _____ Date: _____

Approved Denied By: _____ Date: _____

MH Comments: _____
