

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

**WAIVER REQUEST**

Agency (CAA): \_\_\_\_\_ CAA Technician Name: \_\_\_\_\_  
 CAA Address: \_\_\_\_\_ CAA Technician Phone: \_\_\_\_\_  
 (Street, City, State, Zip)  
 CAA Technician Email: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_  
 Property: \_\_\_\_\_ Contractor: \_\_\_\_\_  
 (Street, City, State, Zip)

Include with all waiver requests, scope of work and applicant pre-screening form (unless no cost waiver)

Program Grant	Additional Funding Requested
<b>EMERGENCY HOME REPAIR</b>	<b>\$2,000.00</b>
Policy Deviating from: <i>HARP Guide, Section A2.C.1: Emergency funds up to \$15,000 for Emergency Home Repairs.</i> Reason/Explanation: <i>The location of the leach field requires the build of a temporary path to allow equipment access.</i>	
EXAMPLE	
Policy Deviating from:  Reason/Explanation:	

	Additional Amount Requested		Leveraged Funding Available
Home Repair	\$ _____	HRN/CDBG funds available	\$ _____
Older Adult Home Repair	\$ _____	Other:	\$ _____
Emergency Home Repair	\$ _____	Other:	\$ _____
Emergency Manufactured Home Repair	\$ _____	Total Leveraged Funding available	\$ _____
Accessibility	\$ _____		
Total Amount Requested	\$ _____		No funds available

**Total Additional Amount Requested:** \_\_\_\_\_

**PROJECT TOTAL :** \_\_\_\_\_

Project Total = original project amount + additional amount requested after leveraged funding considered.

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

\_\_\_\_\_  
Date

**COMPLETED BY MAINEHOUSING**

<b>PO APPROVED</b>	<b>PO DENIED</b>	<b>Tech APPROVED</b>	<b>Tech DENIED</b>
_____ MaineHousing Program Officer Signature	_____ Date	_____ MaineHousing Technician Signature	_____ Date

MaineHousing Notes: