

Maine State Housing Authority (MaineHousing)  
LEAD HAZARD REDUCTION DEMONSTRATION GRANT PROGRAM

**WAIVER REQUEST**

**APPLICANT:**

**COMMUNITY ACTION AGENCY (CAA):**

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

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

**PROPERTY:**

**CAA Representative:**

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

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

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

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

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

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

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	\$	
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	\$	
<b>Reason/Explanation</b> <i>(Attach if more space is required)</i>		

**TOTAL NEEDED**      \$ \_\_\_\_\_      **REVISED PROJECT TOTAL**      \$ \_\_\_\_\_

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

<b>COMPLETED BY MAINEHOUSING</b>	
<p><b>WAIVER REQUEST APPROVED</b></p> <p>_____ MaineHousing Technical Services Specialist Signature</p> <p>_____ MaineHousing Program Officer Signature</p> <p><b>Explanation:</b></p> <p>_____</p> <p>_____</p>	<p><b>WAIVER REQUEST DENIED</b></p> <p>Date _____</p> <p>Date _____</p>