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

CHIP CONSENT

Agency:		Agency Contact Name:	
		Agency Contact Title:	
		Agency Contact Phone:	
		Agency Contact Email:	
Pł	pplicant: hone: roperty:	than Applicant):	
1.	I understand and agree that above-i	named CAA may make CHIP improvements to my home as deemed necessary in	
2.	I understand and agree that if CHIP services are approved for my home that my signature below authorizes the CAA and any contractors employed by the CAA to perform recommended services.		
3.	I understand that any parts, components or heating system(s) that are replaced in my home will be removed from the premises by the vendor.		
4.	I understand that the name and con work.	I understand that the name and contract information of the contractor will be provided to me prior to the commencement of work.	
5.	I understand that details of any warr	I understand that details of any warranties for materials used in the home will be provided by the contractor.	
6.	Human Services to conduct inspecti	I understand that my signature below authorizes the CAA and/or MaineHousing and/or the U.S. Department of Health and Human Services to conduct inspections of the work, either in progress or after the work is completed. I understand these inspections may involve methods deemed necessary to verify the quality and integrity of the associated work.	
7.	I understand that materials were provided solely for the services provided at the above-named Property, and that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA reclaiming those materials or reclaiming the purchase and installation costs of those materials. I further understand that the non-use, removal and/or sale, or misuse of these materials by me may result in the CAA and MaineHousing prohibiting me from receiving any future benefit from the CHIP, WAP, Fuel Assistance or any other MaineHousing administered program.		
8.	I agree to allow my home to be phot	tographed for pre- and post-work documentation.	
is not		e above statements and agree to the assurances. My signature also verifies this Property or foreclosure. I understand failure to provide complete, accurate information may result in work.	
unde	rstand that if I sell the Property within or	the work on the above Property will be provided to me at no cost. However, I further ne (1) year of the completion of the CHIP improvements, I may be required to repay f the CHIP improvements within sixty (60) calendar days of the date of sale.	
APPLICANT: OWNER: (if different than Applicant)		OWNER: (if different than Applicant)	

Date

Owner Signature

Applicant Signature

Date