

CENTRAL HEATING IMPROVEMENT PROGRAM  
**DEFERRAL OF SERVICES NOTICE**

**Agency:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Title: \_\_\_\_\_

Agency Contact Phone: \_\_\_\_\_

Agency Contact Email: \_\_\_\_\_

**Applicant:**

\_\_\_\_\_

**Property:**

\_\_\_\_\_

\_\_\_\_\_

**Owner** (if different  
than Applicant):

\_\_\_\_\_

The following describes the problems/conditions found and how the problems prevent this home from receiving Central Heating Improvement Program services at this time:

\_\_\_\_\_

The following corrective actions are required before Central Heating Improvement Program services can be initiated:

\_\_\_\_\_

You may contact the following resources to inquire about other possible types of assistance:

\_\_\_\_\_

If the problems are corrected, your home may qualify for Central Heating Improvement Program services provided the household is still eligible and there is available funding.

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Name

\_\_\_\_\_  
Agency Representative Phone

**ACKNOWLEDGEMENT**

I understand that the condition(s) outlined above prevent my home from receiving MaineHousing Central Heating Improvement Program services at this time. It is my responsibility to contact the Agency when the condition(s) has been corrected. By signing this document, I understand that I am not giving up my rights to my benefits provided by the MaineHousing Central Heating Improvement Program.

**APPLICANT:**

**OWNER** (if different than Applicant):

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date