

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

**DEFERRAL OF SERVICES NOTICE**

**PRIMARY APPLICANT:**

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

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

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

**PHYSICAL ADDRESS (Property):**

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
Street

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

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

The following describes the problems/conditions found and how the problems prevent this home from receiving WAP and/or CHIP services at this time:

The following corrective actions are required before WAP and/or CHIP 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 WAP and/or CHIP services provided the household is still eligible and there is available funding.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
CAA Representative Phone

**ACKNOWLEDGEMENT**

I understand that the condition(s) outlined above prevent my home from receiving WAP and/or CHIP services at this time. It is my responsibility to contact the CAA 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 WAP and/or CHIP.

**APPLICANT:**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date