

WEATHERIZATION ASSISTANCE PROGRAM (WAP)
CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)
MAINEHOUSING HEAT PUMP PROGRAM (MHPP)

WAIVER REQUEST

PRIMARY APPLICANT:

COMMUNITY ACTION AGENCY (CAA):

First Name MI Last Name

CAA Name

PHYSICAL ADDRESS (Property):

CAA Representative:

Name: _____

Phone: _____

Email: _____

Property Street

Property City Property State Property Zip

Please check applicable funding source(s) and provide a reason/explanation for the waiver request.

CHIP

DOE

HEAP

MHPP

Reason/Explanation

(Attach additional documentation if applicable)

CAA Representative Signature

Date

CAA Housing Director Signature

Date

COMPLETED BY MAINEHOUSING

WAIVER REQUEST APPROVED

WAIVER REQUEST DENIED

MaineHousing Program Officer Signature

Date

Comments: