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: |  |
| Property Street |  |  |  |
|  |  | Phone: |  |
| Property City Property State Property Zip |  |  |  |
|  |  | Email: |  |

|  |
| --- |
| *Please check applicable funding source(s) and provide a reason/explanation for the waiver request.* |
| [ ]  **CHIP**  | [ ]  **DOE**  | [ ]  **HEAP** | [ ]  **MHPP** |  |  |
| **Cost** $\_\_\_\_\_\_\_\_ | (Please include a copy of the bid – or 3 bids if over $10,000) |
| **Reason/Explanation***(Attach additional documentation if applicable)* |
|  |
|  |  |  |  |
|  | CAA Representative Signature |  | Date |
|  | CAA Housing Director Signature |  | Date |

|  |
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| **COMPLETED BY MAINEHOUSING** |
| [ ]  **WAIVER REQUEST APPROVED** [ ]  **WAIVER REQUEST DENIED** |
|  |  |  |  |  |
|  | MaineHousing Program Officer Signature |  | Date |  |
|  |  |  |  |  |
|  | **Comments:** |  |
|  |  |  |
|  |  |  |