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 | | |

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