

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

Cost \$ \_\_\_\_\_ **(Please include a copy of the quote – 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Comments:**