

WEATHERIZATION ASSISTANCE PROGRAM (WAP)  
**PROJECT COVER SHEET / DOCUMENT CHECKLIST**

**INSTRUCTIONS:** The WAP Forms Bundle contains the MaineHousing forms required to process a project for payment. Adobe's bookmark feature provides a complete list of forms. Complete this Project Cover Sheet and the forms will auto-populate. Print completed forms for signatures.

**PRIMARY APPLICANT**

Name (or Entity) \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**OWNER (if different than Applicant)**

Name (or Entity) \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**PHYSICAL ADDRESS (PROPERTY)**

Property Street \_\_\_\_\_

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

**COMMUNITY ACTION AGENCY (CAA)**

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

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**PROJECT**

Work Order # \_\_\_\_\_

Work Order Issue Date \_\_\_\_\_

Completion Date \_\_\_\_\_

**Project Cost**                    \$ \_\_\_\_\_

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

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

Representative Email \_\_\_\_\_

Tech/Inspector Name \_\_\_\_\_

Tech/Inspector Phone \_\_\_\_\_

Tech/Inspector Email \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

**CONTRACTOR (CREW)**

Contractor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

Representative Email \_\_\_\_\_

**COMMENTS**

**PROJECT DOCUMENTS REQUIRED BY MAINEHOUSING**

**Use this checklist to indicate which of the following final/signed documents have been uploaded to HEAT Enterprise.**

- |   |   |
|---|---|
| <input type="checkbox"/> Consent Form                                       | <input type="checkbox"/> Deferral of Services Notice <i>(if applicable)</i> |
| <input type="checkbox"/> Proof of Ownership                                 | <input type="checkbox"/> Approved Waiver(s) <i>(if applicable)</i>          |
| <input type="checkbox"/> Power Source Signoff                               | <input type="checkbox"/> Rental Agreement <i>(if applicable)</i>            |
| <input type="checkbox"/> ASHRAE Calculation <i>(in RED or Excel)</i>        |   |
| <input type="checkbox"/> Final Ventilation Checklist (ASHRAE)               |   |
| <input type="checkbox"/> Inspection Completion                              |   |
| <input type="checkbox"/> Thermal Barrier Application <i>(if applicable)</i> |   |
| <input type="checkbox"/> Contractor Invoice                                 |   |
| <input type="checkbox"/> Contractor Release of Liens                        |   |
| <input type="checkbox"/> Insulation Certification                           |   |
| <input type="checkbox"/> CTE Documentation                                  |   |
| <input type="checkbox"/> Pre, Post & Elevation Photographs <i>(4 sides)</i> |   |
| <input type="checkbox"/> Drawings/Footprint                                 |   |

**Appliance Repair/Replacements must also include the following:**

Appliance Replacement Consent

Photograph of existing appliance with tag

Appliance vendor invoice for delivery, install and/or repair

Technician Evaluation

Vendor Release of Liens