

MAINEHOUSING HEAT PUMP PROGRAM
DEFERRAL OF SERVICES NOTICE

Agency:

Agency Contact Name: _____

Agency Contact Title: _____

Agency Contact Phone: _____

Agency Contact Email: _____

Applicant:

Property:

Owner (if different
than Applicant):

The following describes the problems/conditions found and how the problems prevent this home from receiving MaineHousing Heat Pump Program services at this time:

The following corrective actions are required before MaineHousing Heat Pump Program services can be initiated:

You may contact the following resources to inquire about other possible types of assistance:

If the problems are corrected, your home may qualify for MaineHousing Heat Pump Program services provided the household is still eligible and there is available funding.

Signature of Agency Representative

Date

Agency Representative Name

Agency Representative Phone

ACKNOWLEDGEMENT

I understand that the condition(s) outlined above prevent my home from receiving MaineHousing Heat Pump Program services at this time. It is my responsibility to contact the Agency when the condition(s) has been corrected. By signing this document, I understand that I am not giving up my rights to my benefits provided by the MaineHousing Heat Pump Program.

APPLICANT:

OWNER (if different than Applicant):

Signature of Applicant

Date

Signature of Owner

Date