

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**

Reason/Explanation <i>(Attach additional documentation if applicable)</i>	

CAA Representative Signature

Date

CAA Housing Director Signature

Date

COMPLETED BY MAINEHOUSING

WAIVER REQUEST APPROVED

WAIVER REQUEST DENIED

MaineHousing Program Officer Signature

Date

MaineHousing Program Manager Signature

Date

Comments: