

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)  
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

**WAIVER REQUEST**

**Project Funding:**    State Lead    Federal Lead    Healthy Homes   DHHS   **Project Type:**    Single Family    Multi-Family

**Agency (CAA):** \_\_\_\_\_   CAA Contact Name: \_\_\_\_\_

**Agency Address:** \_\_\_\_\_   CAA Contact Title: \_\_\_\_\_

\_\_\_\_\_   CAA Contact Phone: \_\_\_\_\_

\_\_\_\_\_   CAA Contact Email: \_\_\_\_\_

**Applicant (Owner):** \_\_\_\_\_   **Co-Applicant:** \_\_\_\_\_

**Property:** \_\_\_\_\_

Program	Additional \$ Needed	Contractor
	\$	
<i>Reason/Explanation (Attach if more space is required)</i>		

Program	Additional \$ Needed	Contractor
	\$	
<i>Reason/Explanation (Attach if more space is required)</i>		

Program	Additional \$ Needed	Contractor
	\$	
<i>Reason/Explanation (Attach if more space is required)</i>		

**TOTAL NEEDED**   \$ \_\_\_\_\_   **REVISED PROJECT TOTAL**   \$ \_\_\_\_\_

\_\_\_\_\_   Date \_\_\_\_\_

CAA Representative Signature

\_\_\_\_\_

CAA Representative Name

<b>COMPLETED BY MAINEHOUSING</b>	
<input type="checkbox"/> <b>WAIVER REQUEST APPROVED</b>	<input type="checkbox"/> <b>WAIVER REQUEST DENIED</b>
MaineHousing Program Manager Signature _____	Date _____
MaineHousing Program Officer Signature _____	Date _____
<b>Explanation:</b>	