

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

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

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

TOTAL NEEDED \$ _____ **REVISED PROJECT TOTAL** \$ _____

_____ Date _____

CAA Representative Name

COMPLETED BY MAINEHOUSING

_____ PO Approved PO Denied Date: _____

MaineHousing Program Officer Signature

_____ Tech Approved Tech Denied Date: _____

MaineHousing Technician Signature

Explanation: