

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

Project Type: Single Family Multi-Family

Agency (CAA): _____

CAA Contact Name: _____
 CAA Contact Title: _____
 CAA Contact Phone: _____
 CAA Contact Email: _____

Applicant (Owner): _____ Property: _____ _____	Co-Applicant: _____
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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** \$ _____

 CAA Representative Signature

 CAA Representative Name

Date _____

COMPLETED BY MAINEHOUSING

WAIVER REQUEST APPROVED
 WAIVER REQUEST DENIED

_____ Date _____
 MaineHousing Program Manager Signature

_____ Date _____
 MaineHousing Program Officer Signature

Explanation: