

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

WAIVER REQUEST

Project Funding: State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes DHHS Healthy Homes Production

Agency (CAA): _____ CAA Contact Name: _____

Agency Address: _____ CAA Contact Title: _____

Project Type: ☐ Single Family ☐ Multi-Family CAA Contact Phone: _____

of units to be abated FL: _____ # of units to be abated SL: _____ CAA Contact Email: _____

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

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

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

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

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

Date _____

CAA Representative Signature

CAA Representative Name

COMPLETED BY MAINEHOUSING

PO Approved PO Denied Date: _____

MaineHousing Program Officer Signature

Tech Approved Tech Denied Date: _____

MaineHousing Technician Signature

Explanation: