

Maine State Housing Authority (MaineHousing)
 WEATHERIZATION ASSISTANCE PROGRAM (HEAP)
APPLIANCE REPLACEMENT/REPAIR CONSENT

PRIMARY APPLICANT:

OWNER (Landlord) (if different than Applicant):

 First MI Last Name

 Entity Name or First MI Last Name

PHYSICAL ADDRESS (Property) :

COMMUNITY ACTION AGENCY (CAA):

 Street

 CAA Name

 City, State Zip

Please provide the requested information for all appliances eligible for replacement and/or repair.

Type	Existing Appliance	Replacement Appliance	Owned by
Refrigerator <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Freezer <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Clothes Washer <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Clothes Dryer <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Range <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Cooktop <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Oven <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	
Water Heater <input type="checkbox"/> Replace <input type="checkbox"/> Repair	Make/Mfg:	Make/Mfg:	<input type="checkbox"/> Applicant <input type="checkbox"/> Landlord
	Model#:	Model:	
	Serial #	Serial#	

I certify/agree that ownership of the existing appliance(s) referenced above is correct. I have received a copy of the specification sheets for the above-referenced replacement appliance(s). I understand that for each appliance replaced, the existing appliance must be surrendered for recycle. I also understand that said replacement appliance(s) will remain the property of the Applicant if Applicant owns the existing appliance(s) and/or will remain at the physical address if the replacement appliance(s) is owned by the Landlord.

APPLICANT/LANDLORD:

 Signature of Applicant

 Date

 Signature of Landlord (if different than

 Date