

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
WAIVER REQUEST

Agency (CAA): _____ Technician Name: _____
 _____ Technician Phone: _____
 _____ Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____

Program Grant	Additional \$ Needed	Contractor
	\$	
Reason/Explanation		

Program Grant	Additional \$ Needed	Contractor
	\$	
Reason/Explanation		

Program Grant	Additional \$ Needed	Contractor
	\$	
Reason/Explanation		

TOTAL NEEDED \$ _____
REVISED PROJECT TOTAL \$ _____

 CAA Representative Signature Date

COMPLETED BY MAINEHOUSING	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
_____ Technical Services Specialist Signature	_____ Date
_____ MaineHousing Program Officer Signature	_____ Date
Comment: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	