

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

WAIVER REQUEST

Agency (CAA): _____ CAA Technician Name: _____
 CAA Address: _____ CAA Technician Phone: _____
 (Street, City, State, Zip)
 CAA Technician Email: _____
 Applicant Name: _____ Co-Applicant Name: _____
 Property: _____ Contractor: _____

Include with all waiver requests, scope of work, applicant pre-screening form, and any applicable color photos (unless no cost waiver)

Program Grant	Additional Funding Requested
EMERGENCY HOME REPAIR	\$2,000.00
Policy Deviating from: <i>HARP Guide, Section A2.C.1: Emergency funds up to \$15,000 for Emergency Home Repairs.</i> Reason/Explanation: <i>The location of the leach field requires the build of a temporary path to allow equipment access.</i>	
Policy Deviating from: Reason/Explanation:	

Additional Amount Requested		Leveraged Funding Available	
Home Repair	\$ _____	HRN/CDBG funds available	\$ _____
Older Adult Home Repair	\$ _____	Other:	\$ _____
Emergency Home Repair	\$ _____	Other:	\$ _____
Emergency Manufactured Home Repair	\$ _____	Total Leveraged Funding available	\$ _____
Accessibility	\$ _____		
Total Amount Requested	\$ _____	No funds available	

Total Additional Amount Requested: _____

PROJECT TOTAL : _____

Project Total = original project amount + additional amount requested after leveraged funding considered.

CAA Representative Signature _____

Date _____

COMPLETED BY MAINEHOUSING

PO APPROVED

PO DENIED

Tech APPROVED

Tech DENIED

MaineHousing Program Officer Signature _____

Date _____

MaineHousing Technician Signature _____

Date _____

MaineHousing Notes: