HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

WAIVER REQUEST

Program Grant	Agency (CAA):	CA	A Technician Name:		
Applicant Name: Co-Applicant Name: Co-Applicant Name:	CAA Address: (Street, City, S	State, Zip)	CAA Technician Phone:		
Property:	(0.000, 0.0),		A Technician Email:		
Include with all waiver requests, scope of work, applicant pre-screeing form, and any applicable color (unless no cost waiver) Program Grant			-Applicant Name:		
Program Grant Program Grant S2,000.00 Policy Deviating from: Reason/Explanation: Additional Amount Requested Home Repair Emergency Home Repair Emergency Home Repair Emergency Home Repair Total Amount Requested Total Additional Amount Requested: Project Total = original project amount + ada amount requested after leveraged funding considered. PROJECT TOTAL: Project Total = original project amount + ada amount requested after leveraged funding considered. COMPLETED BY MAINEHOUSING			ntractor:		
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MaineHousing Program Officer Signature Date MaineHousing Technician Signature Date	MaineHousing Program Officer Signature	Date M	aineHousing Technician Signature	Date	

MaineHousing Notes: